MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01342

Rea. Dist. No.

1.	PLACE OF DEATH 1/09/19:41 MARYLAND	2. USUAL RESUPENCE (Where deceased lived. If institution: Residence before admission) o. STATE: DALL GOOD COUNTY ()
-	b. CITY OR TOWN (II outside conferme limits, write RURAL ond give person on a second on the second o	c. CITY OR TOWN (It voutside cosposate limits, write RURAL and give nearest town)
-	d. NAME OF HOSPITAL OR INSTITUTION of not in hospitol, give street oddress)	d STREET ADDRESS . IS RESIDENCE
	2	65 = Main of VES NO A FARM?
3.	NAME OF DECEASED (Type or print) Sam Up Dean (1)	bright DEATH Feb 23 1959
5.	1. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1. 8. 1. CULP 12 WIDOWED DIVORCED	DATE OF BIRTH 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
10	Oo. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTR' during most of working life, even if patied)	11. BIRTHPLACE (Sigle of foleign country) 12. CITIZEN OF WHAT COUNTRY
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	Nelson alpright Vi-	Shelby Tean Garlock
15	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INI	NOISON albright Tr
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b)r and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) MODIFY TO THE PROPERTY OF TH	100-81-010/11/13
	Conditions, if ony, which) (b) DE hy dra	tion Terminal
	gove rise to immediate couse (a), stating the underlying couse lost. (c) 15 17 41 000	of stancah Contents
S TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT REPATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIF	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	ter noture of injury in Part I or Part II of item 18.)
MEDICAL	20c, TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE Hour o. m. 19 Ot work ot work	E OF INJURY (Home, form, y, street, office bldg., etc.) (City or town) (County) (State)
	21. I certify that I took charge of the remains described above	The second secon
1	opinion death resulted from: Natural cores Accident	, Suicide , Homicide , Undetermined monner
	ACTUAL SIGNATURE WO MICHAEL	M.D. CHIEF MEDICAL EXAMINER [
-	EXAMINER'S WO MCLANEM	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER OF THE PARTY ME
	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR C	
1000	Burial 2/24/59 Ft. Ashby Ce B. FUNERAL DIRECTOR'S SIGNATURE Hafer Humesral Hom	10 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	23 E. Main, Frostbu	rg, Md DATE FFD 25 '50
	206/182 XVE	The state of the s

TO DEPUTY MEDIC EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessared the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral derest a should be forwlorded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. ATSME 5M 2/57

STATE SCHOOL

VS A15 (4) 1SM 10/57

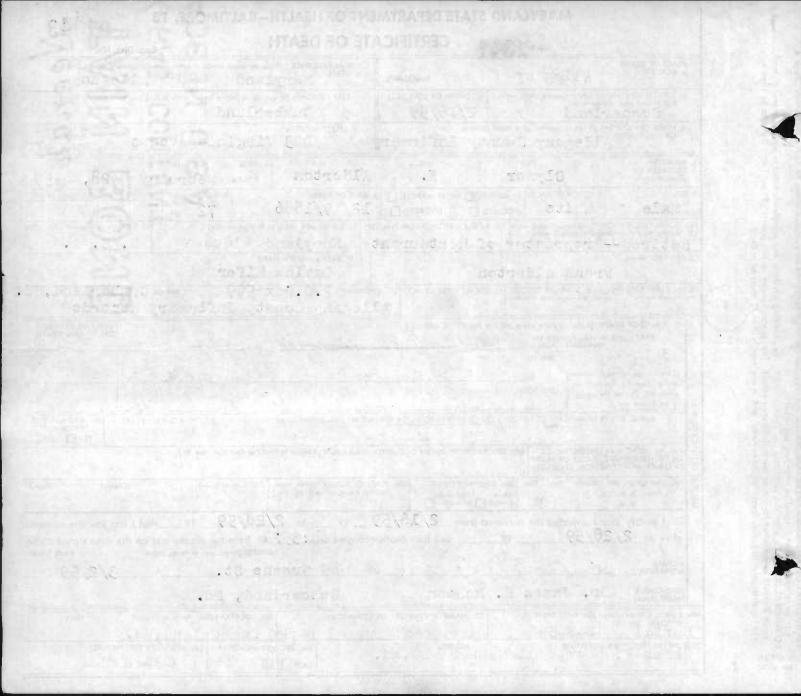
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The second secon	and 2 should be filed with	(
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col mico	Poges 1		
in diamon	rban papers.	ath.	
3	rbon	ter de	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	Allegan	W.			2. USUAL RESIDENCE (d lived. If instituti			
h CITY OR TOWN I	f autside corporate limi		c. LENGTH OF STAY I		Mar	yland			egany	
RURAL and give no	earest tawn)	is, wille	2/16/59	N ID	c. CITY OR TOWN (iberlar		UKAL ond g	ive neorest t	own)
OP INICTITUTION	Allegany			ar	d. STREET ADDRESS	Virgi	inia Av	enue	01	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Clym	er	Middle K •		Alderton	4. DATE OF DEATH	Februa		28,	Yeor 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRI WIDOWEI	DIVORCED		12/ 9/188	6	9. AGE (In years lost birthday) 72 yrs.		Doys Hou	NDER 24 HRS.
during most of work	ON (Give kind of work or king life, even if retired) -Propriat				Maryla 14. Mother's Maiden	nd Ol			S. A	A •
	Frank Ald	erto	n		Lavin	a Kife	er			
1S. WAS DECEASED EVE (Yes. no. or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of st	CES? 16. S	OCIAL SECURITY NO.		formant P.O.B.					and,Md
	mmediate (myc laere	ca	nary The	In steril	uffect	ielle		BETWEEN ND DEATH
САТИ	See	il	le po	24/	NOT RELATED TO THE PER	,		EN IN PART	PE	AS AUTOPSY RFORMED?
-	MEDICAL EXAMINER) Y Month, Doy, Yea			20e. PLA	CE OF INJURY IHome, for ory, street, office bldg.	orm, 20f. (City		(Cc	ounty)	(State)
21. I certify the alive on 2/	at I attended the 28/59 Mullo Dr. James	decease , 19	d from 2/16	5/59	0ccurred at 4:35	2/28/E P.M. from ADDRESS (SI	reet, city or town,	nd an the	ast saw the date sta	ne deceased ated abave. DATE SIGNED
220. BURIAL, CREMATION REMOVAL (Specify) BUTIAL	3-3-59	4	22c. NAME OF CEMET Hillcres	t B	urial Par		ION (City, town, o	.Md.		itote)
James F.	Scarpell	i Cu	mberland,	Md.	24a. RE	C'D BY REGIST		lithur S.		TOLES



uneral director,

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

by the haspital or attending physicion.

OR: After this certificate has been signed by the attending physicion and completely filled in by we have decreased for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 set to burial, cremation, or remaval, and in any event within 72 hours offer death.

TO FUNERAL DIF

VS A15 (4) 1SM 10/57

TO HOSPITAL OR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01344

1349 CERTIFICATE OF DEATH

Reg.	Diet	No
Reg.	DIST.	140

							MAR' PIS	1. 170.
1. PLACE OF DEATH a. COUNTY ALL	EGANY		MARYLAND	2. USUAL RESIDENCE a. STATE MAI	(Where deceased	d lived. Il institution b. COUNTY		e befare admission) EGANY
b. CITY OR TOWN (I RURAL and give ne CUMBERLAN		ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside carpo		URAL and gi	ive nearest town)
	MEMORIAL IS MEMORIAL			d. STREET ADDRES				e. IS RESIDENCE ON A FARM? YES NO K
3. NAME OF DECEASED (Type or print)	Fir		Middle	Lost ARBOGAS	4. DATE OF	Mon	RUARY	Day Year 6, 1959.
5. SEX MALE	6. COLOR OR RACE		IED NEVER MARRIED DIVORCED	8. DATE OF BIRTH APRIL 7.18		9. AGE (In years last birthday)		YEAR IF UNDER 24 HRS. Days Haurs Min.
10a. USUAL OCCUPATIO		dane 10b.	B. &. U. RR.		tate ar fareign co	ountry)		S. A.
13. FATHER'S NAME				14. MOTHER'S MAIDE				
ISAAC AF					DUCKWORT			
15. WAS DECEASED EVER	R IN U. S. ARMED FOR (If yes, give wor or dates of s	rvice)	220023	MEMORIAL H	OSPITAL	- CUMBER		MD.
PART I. DEA 450.0 Canditions, if agove rise to it cause (a), stating lying cause last.	TH WAS CAUSED 8Y: IMMEDIATE CAUSE (o DUE TO ny, which mmediate the under- (c		e for ((c).]	clerosis	Q.	,	Λ	INTERVAL BETWEEN ONSET AND DEATH
3 0	S UNDERLYING D	1	ONTRIBUTING TO DEATH BUT	lis, une	mia	relond	STY .	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Yes		NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, clary, street, affice bldg.	form, 20f. (City		(Cc	ounty) (State)
alive on ACTUAL SIGNATURE	at I attended the	100		n accurred at 7:4		the causes of the cause of the causes of the causes of the cause o	nd an the	e date stated above
220 BURIAL, CREMATION REMOVAL (Specify)		950	22c. NAME OF CEMETERY OF HILLCrest P	R CREMATORY Urial Par	(1)	ION (City, town, o		(State)
23. FUNERAL DIRECTOR: Byron		737	ADDRESS Cumberlan	240.	EB 1 0 '59	RAR 24b REGIS	TRAR'S SIGN	

18

FOR STATE HEALTH DEPT.

yor. Page your files. M TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is ne execute the certificate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should be fit. Unded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to TO FUNERAL DIACTOR: Page 3 should be used as a burial-transit permit. File pages 1, and 2 with the State Bac or its designated agent, prior to burial, cremation, or removal, and in any event within (2 hours after death.

2

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		12/2				Reg. Dist. No.							
1. PLACE OF		Crox			4	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)							
o. COUNT	A	llegany		MARYL	AND	o. STATE Mary	land	b. COUNT	Alle	COL	337		
b. CITY OR	TOWN III ou	utside corporale limits, write RUR	AL	c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN (I		porale limits, write				wn)	
CI 0	erlan	a		DOA		- ^	erland						
		OR INSTITUTION (If no	t in hase			d. STREET ADDRESS	rrant				e IS P	ESIDENCE	
		Hospital		mor, give index oddiess,		1	eceli	a Street	,		ON	A FARM?	
3. NAME OF DECEASED		First		Middle		Lost	4. DATE	Manti	,	Day	1	'ear	
(Type or pr		Clyde				Babst	OF DEATH	Feb.	11.		1	9 59	
5. SEX		6. COLOR OR RACE 7.	MARRIE	NEVER MARRIED	8.1	DATE OF BIRTH		9. AGE (In years	IF UNDER 1	YEAR		ER 24 HRS.	
Male			DOWED			ov. 2, 1906		last birthday) 52 yrs.	Months [Days	Hours	Min.	
10a. USUAL C	CCUPATION	l (Give kind of work done life, even if retired)	10b. K	ND OF BUSINESS OR IN	IDUSTR'	11. BIRTHPLACE (State	or fareign	country)	12. CITIZ	EN OF	WHAT	COUNTRY	
		Repairman	Ce	lanese Cor	p.	Saxton, Pe	ennsyl	vania		USA	1		
13. FATHER'S	NAME					4. MOTHER'S MAIDEN							
	Willi	am Babst				Laura Shee	trum						
	EASED EVER	IN U. S. ARMED FORCES		OCIAL SECURITY NO.	17. INF	ORMANT		225dd@t	calia	St	raa	+	
(Yes, no. or unkn	iowa) (i	I yes, give wor ar dates of service	1	4-07-3493	Mn	Frances	Rahet						
II8 CAUS	E OF DEATH	Enter only one cause p			L'AL A	s, rrances	Days	, cumper	Tanu,		VAL BETW		
		WAS CAUSED BY:								ONSE	T AND DE	ATH	
23		AMEDIATE CAUSE (0)	AS	phyxiation	n					Si	ıdde	n	
20	41	DUE TO					7-644						
	ans, if ony		As	piration o	of	Stomach Co	onten	ts					
	e to immedia ing the un	DILLE TO											
couse la		(c)	Ce	rebral Ede	eme	;Internal	Hydr	ocephal	us		old.	•	
Z PA	AT II, OTHE	R SIGNIFICANT CONDITION	ONS CO	NTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART	1(0) 15			
200. EXTE PRIMARY CAUSE O										1	ES PA	RMED?	
20o. EXTE	ERNAL CAUS	E WAS 205. D	ESCRIBE	HOW INJURY OCCURR	ED. (Enl	er noture of injury in Por	t Lor Port II	of item 18)					
PRIMARY CAUSE O	F DEATH.	RIBUTING [
	OF INJURY	Month, Doy, Year	1204 II	NJURY OCCURRED 20e	BLACS	OF INJURY (Home, form	206 (Cit	an Anuma'	15	4.4		101-1-3	
0	o. m.	Monn, boy, rec	White	Not while		y, street, office bldg., etc		y Br Town)	(Cour	ııyı		(Stote)	
×	p. m.	19	ol war	k at work									
21. 1 ce	ertify the	of I took charge of	the r	emoins described	abov	e, held on Autops	y X, 1	nspection 🔀	Inquiry	(13)	on	d in my	
opinion	n deoth re	esulted from: Not	ural c	ouses KI, Accide	ent [, Suicide ,	Homicide	, Undete	rmined m	onne	гП		
	0	1,	1/11	- 1									
ACTUAL	13	enedict.	1/2	12200.01		M.D. CHIEF MEDICAL E	XAMINER [DATES	IGNED	
SIGNATU	URE	and the x	4111	were		ASSISTANT MEDIC	AL EXAMINE	· • ·					
EXAMIN	ER'S	34 . 4 . 61-				DEPUTY MEDICAL			77	7.00	-0		
NAME (1	lype) Re	enedict Sk	ıta	relic, M.	J.			1000		198			
SEMOVA	CREMATION (L (Specify)	22b. DATE THEREOF		22c. NAME OF CEMETER				TION (City, town,			(Stot	•}	
		2/14/59		Hillcrest	bur:			erland,		-			
23. FUNERAL				ADDRESS		24o. REC	D BY REGIST	TRAR 246. REGIS	STRAR'S SIG				
John	J. Ha	fer Cumbe	rla	nd, Marylan	nd	DATE	B 1 6 '5	Chi	Lun S. T	irall			

Total Comment House Carles LE CONTRACTOR DE LA CON turn is early three for the bright leaded broad up to court it if the interior The law less than the law less Corners and a story or a formation of the country o Andrew Toller T. C. E. ollers and de thenell Boniston (State Committee BOACH PARTY OF THE PROPERTY AND AND moniferance, beneated the collective paid

eral directar, Pages 1

and campletely filled Then please remave carban papers. event within 72 haurs after death. attending physician the haspital ar attending physician.

TR. After this certificate has been signed by the detached far use as the burial-transit permit. The permit. and in any remayal, burial, crematian, ar

TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 TO FUNERAL DIR. TO HOSPITAL OR the registrar VS A15 (4) 15M 9/5B

1931	9			Reg. Dist. No.
PLACE OF DEATH O. COUNTY	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived. If instituti	on: Residence before admission)
Allegany		Mary		Allegany
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	C. CITY OR TOWN (IF	outside corporate limits, write R	URAL and give nearest town)
Fros tburg	Lifetime	RD2, Fros	tburg	
d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION	t address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED	Middle	Lost	4. DATE Mor	
(Type or print) Edward 5. SEX: 6. COLOR OR RACE 7. MAI		Bean	DEATH Februar	
	RRIED NEVER MARRIED	8. DATE OF BIRTH	1910 9. AGE (In years lost birthdoy) 48 yrs.	Months Days Hours Min.
Male White WIDOV		June 23rd		
Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bus Driver Pe	oples Trans.			12. CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME	obres mans.	14. MOTHER'S MAIDEN		UDA
Maurice Bean 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	. COCIAL CECURITY NO.	NOTILE	Hershberger	
(Yes, no, or unknown) (If yes, give wor or dates of service)			Bean, RD 2,	
18. CAUSE OF DEATH [Enter only one couse per	line for (a), (b), and (c).]	1		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	arcinons	of Al-	owask,	/ Fucos
151X DUE TO	(1		
Conditions, if ony, which)				Street Contracts
gave rise to immediate		V		
luing course last				
/ (-)	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	AINAL DISEASE CONDITION GIV	VEN IN PART I(o) 19. WAS AUTOPS
A THE				PERFORMED?
200. ACCIDENT WAS UNDERLYING 20b. DE	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item 18.)	
PART II. OTHER SIGNIFICANT CONDITIONS 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH URLE THER. NOTIFY MEDICAL EXAMINER				
S 20c. TIME OF INJURY Month, Doy, Year 20d.	INJURY OCCURRED 20e. PI	ACE OF INJURY (Home, for	m. 20f (City or town)	(County) (Stot
Hour o. m. While	e Not while fo	octory, street, office bldg, et		(5.5.
p. m.	ork ot work			
21. I certify that I attended the decea				that I last saw the decease
alive an FEB, 19	54_, and that death	n accurred at 8 30	LM, fram the causes ar	nd an the date stated above
0 02			ADDRESS (Street, city or town,	stote) DATE SIGN
SIGNATURE MANTENANCO	that England	м.D. 48	Broadway	
	. ~			
PHYSICIAN'S	thatada W.T	Fn	ostburg.	MA
NAME (Type) Martin M. Ro	PHS PATH MY	·	Danna Pt	Md.
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY C		22d. LOCATION (City, town,	
		OR CREMATORY	22d. LOCATION (City, town,	or county) (State)
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	or CREMATORY	22d. LOCATION (City, town, Frostburg,	

		TARREST P		
Allegnow.	And fyrold		vasacia.	
	12, Treathers	a commission	artifo a	
Ren was a very	ministra metri	Date Date	Base	
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ABIT.	historial .	Peoples Irena.Co	760	Bus Dr
	Heiller Enterer		ares no true	
.bu .auudisore.	Distance Teas, BD 2			
	Park to Park			
	tertine til 10	The state of		
.ax	*rostinert	M glatedful	.Martin N.	
Libb .	Facil Prostings	Leimonell. 50 %	2-1-59	Labora
		Frostours, Md.	B. porcu.	deeso.

director, Poge director, Poge ory our files.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01347

	1911					Reg. Dist.	No.
1. PLACE OF DEATH	Allegany	MARYLA	O. STATE	Marylan	d b. COUNT		gany
b. CITY OR TOWN 111 our ond give reported found Cumber 1 a	tside corporate limits, write RUR and,	c. LENGTH OF STAY IN		TOWN (If outside of Imberlan	orporate limits, write d ,	RURAL and giv	ve nearest lawn)
d. NAME OF HOSPITAL Smith Apt		it in hospitot, give street oddress) Blvd.	Smith	Δ .	Kelly B	lvd.	e. IS RESIDENCE ON A FARM? YES NOXX
3. NAME OF DECEASED (Type or print)	Emery	Middle Clay	Beni	OF			8, 19 59
5. SEX Male	Tit h i + o	MARRIED NEVER MARRIED	March		9. AGE (In years Cosbirthday) yrs.	Months Day	AR IF UNDER 24 HPS. /s Hours Min.
10a. USUAL OCCUPATION during most of working Salesman		10b. KIND OF BUSINESS OR INI Rugs, Blind V	oustry 11. BIRTHPL Veavers	ACE (State or foreign Flintst			S.A.
13. FATHER'S NAME George	e Bennett			MAIDEN NAME emima Le	asure		
15. WAS DECEASED EVER [Yes, no. or unknown) Yes,	IN U. S. ARMED FORCES		Mrs. Wal	lter Smi	th, Smi		s, Cumb.M
PART I, DEATH	[Enter only one couse p WAS CAUSED BY: (MEDIATE CAUSE (o)	coronary	occlusio	n			INTERVAL SETWERN ONSET AND DEATH SUDDEN
Canditions, if any gave rise to immedia (a), stating the uncouse tost.	ife couse	coronary	sclerosi	S			cam cam spel spea cam
PART II, OTHER	R SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH B	BUT NOT RELATED TO	THE TERMINAL DISE	ASE CONDITION GI	VEN IN PART 1(19. WAS AUTOPSY PERFORMED?
	E WAS RIBUTING []	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of in	jury in Part I or Port	II of item 18.}		
20c, TIME OF INJURY Hour a. m. p. m.	Month, Day, Year	20d. INJURY OCCURRED 20e. While Not while of work of work	PLACE OF INJURY (I factory, street, affice	lome, form, 20f. (Gbldg., etc.)	Lity or town)	(Caunty	(Stote)
		the remains described dural causes X, Accide	nt, Suicide	, Homici		, Inquiry ermined ma	
SIGNATURE S EXAMINER'S NAME (Type)	Renedict	Skitarelic,	ASSISTA	REDICAL EXAMINER NT MEDICAL EXAMI MEDICAL EXAMINE	NER 🗌	18.	
220. BURIAL, CREMATION, REMOVAL (Specify) Burial		22c. NAME OF CEMETERY Fairview	OR CREMATORY		CATION (City, town,	or county)	(Stote)
23. FUNERAL DIRECTOR'S Charles	SIGNATURE L. George	Cumberland,		240. REC'D BY REC	ISTRAR 24b. REG	ISTRAR'S SIGNA	ATURE

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is rexecute the challificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should be graded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bd or its designated agent, prior to burial, cremotal, and in any evest-within 72 hours after death. VS. A15ME 5M 2/57

BY EXCENDING THE REPORT OF THE PROPERTY OF THE PERSON. . 11 20 3 72 1 10 10 The state of the s

VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

01348

		7:	245	CEKI	IFICA	TE OF	DEAIR	1	315 3	Reg. Dis	st. No.		
1. PLAC	LEGANY		740	MAR	YLAND V	2. USUAL RES	IDENCE (WI	nere deceased	l lived. If instituti b. COUNTY	On: Residen	SHIR	edmission)	
RL.	TY OR TOWN (JRAL and give n IBERLAND		its, write	c. LENGTH OF STAY		SPRINGE			rote limits, write R	URAL ond	give near	est town)	
d. N.	AME OF HOSPI	TAL (If not in hospital, g	give street (oddress)		d. STREET		•			e	IS RESIDEN ON A FARI YES NO	M?
	NE OF EASED or print)	CHARLES	rst	Middle J.	e	BLUE	st	4. DATE OF DEATH	FE BRU		9 Doy	Yeor	59
	MALE	WHITE	WIDOWE	DIVORCE	ED 🗆			9	9. AGE (In years lost/b) thdoy) yrs.	IF UNDER Months		F UNDER 24 Hours M	HRS.
001	FARMER	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS (OR INDUS		VA •	or foreign co	ountry)	12. CIT		S.A.	INTRY
	MES BLU	E				14. MOTHER'S	WASH	INGTON					
	or unknown)	R IN U. S. ARMED FOR (If yes, give wor or dates of s		SOCIAL SECURITY NO). 17. IN	MORIAL	HOSPI	TAL, C	UMBERLAN	MD, MD.			
Co go coo lyi	PART I. DEA 777× conditions, if of over rise to include the object of the conditions of the conditio	mmediate the under-) 7	-				Cuceum	8	strata	ONSE	VAL BETWEE	TH
IFICATION 200		HER SIGNIFICANT CON		RIBE HOW INJURY C						EN IN PART		PERFORMED YES NO	77
OR (IF E	CONTRIBUTING	CAUSE OF DEATH	100. 0030	NOT HOW HAJORI C	CCORRED	. (Enter noture o	or injury in r	on or ron	ii or iiem is.j				
WEDICAL	TIME OF INJUR Hour a.m. p. m.	Y Month, Day, Yea	20d. IN While of work	IJURY OCCURRED Not while of work		CE OF INJURY (ory, street, offic			or town)	(C	ounty)	(S	itote)
oli:	I certify the ve on	agt I attended the Feb 9	decease , 19	74	death	, 19.57 occurred of	4:05A	M, from Address (Str	the causes of the course of the causes of the cause of the causes of the causes of the cause o	nd on th		the dece	boye
220. BUR	ME (Type) C RIAL, CREMATIO MOVAL (Specify)	N, 22b. DATE THEREO	ime.	22c. NAME OF CEM	ETERY OR	CREMATORY		22d. LOCAT	ION (City, town,	or county)	<i>(())</i>	(Slote)	
23. FUNI	ERAL DIRECTOR	S SIGNATURE	757	ADDRESS	MI	and alle	240. REC'E	BY REGISTE 1 6 '59		STRAR'S SIG	NATURE	2.	
		7 07/	~	1 4 6 6 6	1	18 4	1		Ciri	ment & 9	The same of		

36 X 21 21 The state of the s DAYSUE OF THE LEW, 1.15.

FOR STATE HEALTH DEPT.

sory, please tior. Page or files. M

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is neg execute the certificate, writing the ward "pending" in pencil in Item. 18. Give Pages 1, 2, and 3 to the funerable 4 should be in graded to the Chief Medical Examiner's Office along with form PM3. Page 5, may be retained to TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File page 1 and 2 with the State Bood or its designated agent, prior to burial, cremation, or removal, and in any event within the hours after death.

VS. A15ME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

0134!)
Reg. Dist. No. MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	1039	1		2. USUAL RESIDENCE	E (Where decease				imissian)		
	Allegany		MARYLAND	Mary Land							
b. CITY OR TOWN (III and give negrest town	outside corporate limits, write	RURAL	c. LENGTH OF STAY IN 16			orate limits, write	RURAL and g	give nearest	town)		
Cumbet	land,			Raw	lings,						
			oital, give street address)	d. STREET ADDRE		0.0		e. IS	RESIDENCE		
D.O.A.	Sacred He	art I	Hosp	Along	Kt. # 2	20		YES	NO D		
3. NAME OF DECEASED	Fire	af .	Middle	Last	4. DATE OF	Monti		Day	Yeor		
(Type ar print)	James		Martin	Bobo	DEATH	Feb.	2	5	1959		
5. SEX		7. MARRIE	D NEVER MARRIED 8.	DATE OF BIRTH		9. AGE (In years fort birthday)	-	-	NDER 24 HRS.		
Male	White	WIDOWED	DIVORCED D	Dec. 6,	1895	63 yrs.	Manths De	ays Haur	s Min.		
100. USUAL OCCUPATIO	ON (Give kind of work of life, even if retired)	dane 10b. Kl	IND OF BUSINESS OR INDUST	Y 11. BIRTHPLACE (S	itate or foreign co	ountry)	12. CITIZE	EN OF WHA	AT COUNTRY?		
Labore		Cor	struction	Daws	on. Md.		U.	S.A.			
13. FATHER'S NAME				14. MOTHER'S MAIDE							
James	Bobo			Susai	n Daws	o n					
15. WAS DECEASED EV			OCIAL SECURITY NO. 17. IN	FORMANT	Duno	Address					
(Yes, no, or unknown) No.	(If yes, give wor or dates of		05-10-6139 M	rs. Ethe	I S. Bo	ho Rawl	ings,	Md.			
	TH [Enler anly ane cau			201 4000	2.00	DO MAIN	Tudat	INTERVAL BET	IWEEN		
PART I. DEA	TH WAS CAUSED BY:		Coronary Ocel	ngion				ONSET AND	den den		
11301	IMMEDIATE CAUSE (a)		doronary occi	ablon				Duc	10611		
Conditions, if o			Coronary Scle	monie				70			
gave rise to imme	diote cause		Coronary Scie.	LOSTS				H			
(a), stating the couse last.	-						N WALL				
) (c)		NTRIBUTING TO DEATH BUT N	OT RELATED TO THE T	FRMINAL DISEASE	CONDITION GIV	FN IN PART I	(0) 19 WA	SAUTOPSY		
OT .							.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PER	FORMED?		
20a. EXTERNAL CAL	ISF WAS 20	h DESCRIBE	HOW INJURY OCCURRED. (E	oter polyre of injury in	Port Lor Port II	of item 18.)		YES] NO [X		
PRIMARY Or COL	NTRIBUTING []	D. DESCRIBE	TION INSURT OCCURED. (E.	mer notore or injury in	TOTAL OF FOR IT	or nem re.j					
Zoc. TIME OF INJU Haur o.m. p.m.	RY Month, Doy, Yee	While		E OF INJURY (Hame, bry, street, affice bldg.,	form, 20f. (City	or town)	(Count	(Y)	(State)		
21. I certify th	not I took charge	of the re	emoins described obo	ve, held on Auto	opsy , In	spection K.	Inquiry	[X]. c	and in my		
opinion death	resulted from:	Votural o	ayses K. Accident	7. Suicide	Homicide	, Undete	rmined mo	onner [1		
	1	, (,				•		
ACTUAL	Lomortia	t. 1	ketarelia)	CHIEF MEDICA	AL EXAMINER			DATE	E SIGNED		
SIGNATURE	and a	1 /4	May Care		DICAL EXAMINE	R CT					
EXAMINER'S NAME (Type)	Benedic	t Ski	tarelic, M.D.		CAL EXAMINER	band	25. 19	50			
22a. BURIAL, CREMATIC	N. 22b. DATE THEREC		22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCAT	ION (City, town,	or county)	(SI	rofe)		
Burial		.195	Waxler Cem	eterv		lings.	Maryl		1		
23. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS		REC'D BY REGIST	RAR 24b. REGIS	STRAR'S SIGN				
H. Wayne	George	Cumbe	erland, Md.	DATE	FEB 2 7 '5	9 01	Thun 8 +	4			
				DATE	-	1	1 4	MALL			

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0135()

1347	CERTIFICATE	OF DEATH
1 -3 4 4		

	PLACE OF DEATH o. COUNTY		2. USUAL RESI	DENCE (Where dec			ice before odr	missian)
	Allegany	MARYLAND	U. SIAIL	West \	Virginia	Mine	eral	
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR	TOWN (If autside o	carporate limits, wr	ite RURAL ond	give nearest t	own)
	Cumberland	20 Days		Ridgeley		85 X	-3	
	d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION		d. STREET				10	RESIDENCE N A FARM?
	Sacred Heart Hospit.	al	1 1 8	econd Ave	9.		YES	□ NOX□X
	NAME OF First DECEASED (Type or print)	Middle	lo	OF		Month	Day	Year
_	OligiTes		Bootman		1.60		Ø	19 59
3.	S. S		B. DATE OF BIRT	Н	9. AGE (In you		Days Hou	
_	Male White WIDOW		12/2/0	4	1 54	yrs.	50/3	Thin.
100	 USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) 	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHP	LACE (State or forei	ign country)	12. CIT	IZEN OF WH	HAT COUNTRY?
N	lgr. Liquor Store W.	Va. State S	tore	West	t Virgini	a U	. S.	A.
13.	FATHER'S NAME		14. MOTHER'S	MAIDEN NAME				
	Thomas A. Bootm	an	C	lara M.	Bancor	d		
1S.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.		NFORMANT			Address R	idgel	ev. W.
	No ,	34-38-7920 M	rs. Lo	uise Bo	otman 1	Secon	d Ave	• 1
	1B. CAUSE OF DEATH [Enter only one cause per li						INTERVAL	BETWEEN
	PART I. DEATH WAS CAUSED BY:	nary Heart Disc	eas e				6 mos	ND DEATH
	420.1 DUE TO							
	Conditions, if any, which) (b)							
	gave rise to immediate							
	lying cause last.							
z	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT PELATED TO	THE TERMINIAL DIS	EASE CONDITION	CIVENTIALDAD	T 1/ -> 10 ->//	AC ALITORSY
TIO			NOT KEEKIED TO	THE TERMINAL DI	SEASE CONDITION	GIVEN IN PAK	PER	RFORMED?
FIG	Duodenal ulcer						YES	NO
MEDICAL CERTIFICATION	20g. ACCIDENT WAS UNDERLYING [] 20b. DESI OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED). (Enter nature a	it injury in Part I ai	r Part II at item 1B.			
N	20c, TIME OF INJURY Month, Day, Year 20d. II	NJURY OCCURRED 20e. PLA	CE OF INJURY	Hame, farm, 20f.	(City or town)	10	Cauntyl	(State)
MEDI	Haur a. m. While of war	k at work	lary, street, affic	e bldg., etc.)			,,	(5.0.0)
	21. I certify that I attended the deceas	ed fram. 2 - 1	1559	, to 2 + 7		9_,that [last saw th	he deceased
	alive on 2 + 6 , 195	9, and that death	accurred at	5:00AM,	fram the cous	es and on th	he date st	ated above.
	2 10				S (Street, city or to			DATE SIGNED
	SIGNATURE / Laga & Sal	Elen ,	A.D. 62 G	rcene St	•		2-7-59)
	PHYSICIAN'S NAME (Type) Ralph W. Ballin.	M.D.	62 Gr	eene St.	Cumberl	and Md		
220	BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF	CREMATORY	22d. LC	OCATION (City, to	wn, ar caunty)	(S	itate)
B	REMOVAL (Specify) 2/10/59	Hillcrest	Burial		Cumberl		-	
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	,	24a. REC'D BY RE	GISTRAR 24b.	EGISTRAR'S SIC	SNATURE	
	Charles L. George C	umberland, M	a.	DATEER 1 3	ICO			
				FED 1 3	159	7.71 . 0 .	2	

VS A15 (4) 15M 10/57

HIMEOGO BYAGRENADO STREET, STREET this will be be assured with the first of the first being both from the cause out of the date. The same of the sa

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VS A15 (4) 15M 10/57

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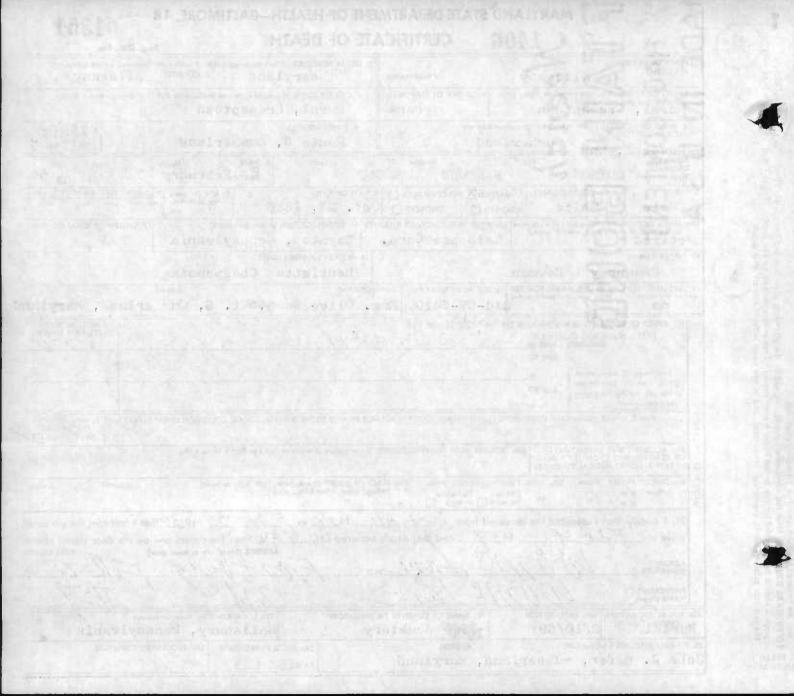
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1406

CERTIFICATE OF DEATH

01351

Reg. Dist. No.

	Neg. Dist. 140.
1. PLACE OF DEATH o. COUNTY Allegany MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Allegany
b. CITY OR TOWN (If outside corporate limits, write RURAL and give recorest town) Rural, Cresaptown years	
d. NAME OF HOSPITAL (if not in hospitol, give street oddress) OR INSTITUTION Cumberland	/ d. STREET ADDRESS Route 5, Cumberland o. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) EDISON SANFORD BC	OWMAN Lost 4. DATE OF DEATH February 7 Lost 10 Day Yeor 10 59
5. SEX Male 6. COLOR OR RACE 7. MARRIED S NEVER MARRIED DIVORCED DIVORCED	ost birthdov) Months David Marine
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 10b. KIND OF BUSINESS OR IN Celanese Corp.	NDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Chauncey Bowman	Henrietta Chorpenning
(Yes, no, or unknown) (If yes, give war or dates of service)	Mrs. Olive BowmanRt. 5, Cumberland, Marylan
18. CAUSE OF DEATH [Enter only one couse per line for (5), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. (b) DUE TO (c)	enoma Lung Interval between ONSET and DEATH
CATI	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 1
	JRRED. (Enter noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 While of work of work	e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) (City or town) (County) (State)
21. I certify that I attended the deceased from Flk alive an Flk 4 , 19,5 9 , and that dec	ath accurred at 4.30 A.M. fram the causes and on the dote stated above
SIGNATURE WOME FAME	ADDRESS (Street, city or town, stote) ADDRESS (Street, city or town, stote) A.D. Date SIGNED
PHYSICIAN'S WOME fane	m/ / 19579
220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER 2/10/59 100F Cemet	(310.0)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
John J. Hafer, Sumberland, Maryland	DARFR 1 1 '59 Carling & Street



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director

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

01352

Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY ALLEGANY MARYLAND ALLEGANY b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give negrest town) RURAL and give nearest town) **CUMBERLAND** CUMBERLAND 15 DAYS d. NAME OF HOSPITAME MOR TALL HOSPITALS)
OR INSTITUTION MEMORIAL & WARWICK AVES d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1403 BEDFORD STREET YES T NO M 3. NAME OF Middle 4. DATE Year DECEASED OF DEATH HOMER B BRILL FEBRUARY (Type or print) 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS birthday) MALE WHITE Months Days Hours WIDOWED [DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Construction KIRBY. W. VA. U.S.A. Superintendent 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILLIAM BRILL ELIZABETH SAVILLE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address MEMORIAL HOSPITAL. CUMBERLAND. Yes MARYLAND 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate DUE TO cause (o), stating the underlying cause last. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES | NO I 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) factory, street, affice bldg., etc.) Hour a. m. Not while at work at wark 21. I certify that I attended the deceased from 5 1954, that I last saw the deceased and that death accurred at 11:45AM, from the causes and an the date stated above. alive an DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) W.F.WILLIAMS 22b. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Cemeterv Cumberland, Md. Hillcrest 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Byron Kight Cumberland, Md. arthur S. Thans

DATEMAR 2



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VS A15 (4)

15M 10/57

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VS A15 (4) 1SM 10/57 M

CERTIFICATE OF DEATH

			349	CERTIFICA	AIE OF L	CAIL			Reg. Dist	No.	
	PLACE OF DEATH	GANY		MARYLAND	2. USUAL RESIL	LAND	ere decease	d lived. If instituti b. COUNTY		before o	
Г	b. CITY OR TOWN (IF RURAL and give new	arest town)	ls, write	c. LENGTH OF STAY IN 16		TOWN (If a	•	rate limits, write R	tURAL and giv	re neares	t town)
-	CUMBERL			13 DAYS	X		DTOWN				
L	d. NAME OF HOSPIT OR INSTITUTION I	MEMORIAL"H	OSPITA AVES	rAL,	d. STREET A	DDRESS			4		IS RESIDENCE ON A FARM? 'ES NO M
3.	NAME OF DECEASED (Type or print)	EDW		Middle H	CAGE		4. DATE OF DEATH	FEBRU		Day 2	Year 19 59
L	MALE.	WHITE	WIDOW		B. DATE OF BIRTI	1,	1901	9. AGE (In years last birthday) 7 yrs.			UNDER 24 HRS. laurs Min.
	during most of worki	ing life, even if refired)	KIND OF BUSINESS OR INDU	CIN			OUNTRY) ARYLAND	U.S		WHAT COUNTRY
4	FATHER'S NAME	001	14.	i alo of chara	14. MOTHER'S					-	
	CHAF	RLES W. CA	GE		AN	INIE W	ILLIA	MS			
	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFORMANT			Add	lress		
,,,	No	r yes, give wor or doller or		05-09-7683	MEMORI	AL HO	SPITA	L. CUMBEI	RLAND.	MD.	
F	18. CAUSE OF DEAT	TH [Enter anly one co	use per li	ne far (a), (b), and (c).]						INTERV	AL BETWEEN
	PART I. DEAT	H WAS CAUSED BY:		(democan	00	d	1 10	las for a co		ONSET	AND DEATH
	1570	IMMEDIATE CAUSE (c		CA (JANKOCOX	- Carrier		100	minera.	2	0	- June
	6						1				
	Canditians, if an	mediate									
	cause (o), stating t										
-	lying cause last.) (c	/								-
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GIV	VEN IN PART		PERFORMED?
	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature a	f injury in F	Part I ar Par	t II of item 18.)			VIOLET .
WEDICAL	20c. TIME OF INJURY Haur o. m.	Manth, Day, Ye	20d. I While at war	Nat while fa	ACE OF INJURY (clary, street, affice	Home, farm bldg., etc.	, 20f. (City	or tawn)	(Co	unty)	(State)
1		.1 1.1.1.		Fil	10 53	1.	In	150	4		
	alive on	at I attended the	deceos , 19≦		occurred at			n the couses o	ond on the		the deceased
	ACTUAL SIGNATURE	Molder	um	elurght	M.D. /3	3/10	ADDRESS (SI	treet, city or town,	plate)	111	DATE SIGNED
	PHYSICIAN'S NAME (Type)	G. OVERTO	DN HI	MME LWRY GHTG			* ***				7 3/9/
320 Bu	BURIAL, CREMATION	276. DATE THEREC)F	Oliver Grov				Cumber		Md.	(State)
23.	FUNERAL DIRECTOR'S	SCATTELL SCATTELL	i Cu	mber and, Md		240. REC'I	B 6		strar's sign	1 .	

VS A1S (4) 15M 10/57

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMOR	E, 18
1250	CERTIFICATE	OF DEATH	

1350

01354 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY ALLEGANY		MARYLA	II o STATE	MARYLAN	eceased lived. If i	MINTY	ce before odm LEGANY	ission)
b. CITY OR TOWN (If outside RURAL and give nearest to CUMBERLAND	corporote limits, write vn)	c. LENGTH OF STAY IN			RLAND	write RURAL and	give nearest to	wn)
d. NAME OF HOSPITAL (IF NO OR INSTITUTION MEMORIAL HOS		oddress)	d. STREET	ADDRESS	RGINIA A	VE.	ON	A FARM?
3. NAME OF DECEASED (Type or print)	STELLA I	Middle H•	CASKEY		OATE OF DEATH	Month FEBRUARY	Day 24	Yeor 19 59
	OR OR RACE 7. MAR	RIED X NEVER MARRIED		тн Н 23	9. AGE (In	years IF UNDER Months yrs.	1 YEAR IF UN Days Hour	
10a. USUAL OCCUPATION (Give during most of working life.	kind of work done 10b. even if retired)	OWN HOME	MA	RTINSBUR	reign country) G, W, VA		U. S.	
13. FATHER'S NAME	HARRISON RUS	SSER	14. MOTHER	A NGE LICA	FREEZE			
15. WAS DECEASED EVER IN U. (Yes, no. or unknown) (If yes, giv	war ar dates of service)	none	17. INFORMANT	MEMORIA	MEMORIA L HOSPIT	L AgreWARW	ICK AVE	S. ID, MD.
PART I. DEATH WAS IMMED 420.0 Conditions, if ony, whi gove rise to immedia couse (o), stoting the undilying couse lost.	DUE TO P (b) DUE TO (c) ar	Unnory itenoscle	embeli rotil H	ent f	forthin	, multipe	3 4	eeks
3 Me	enlyed	arterno.	scloros	is			PERF	S AUTOPSY FORMED?
20a. ACCIDENT WAS UNDE OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICA	SE OF DEATH L EXAMINER)	CRIBE HOW INJURY OCC	URRED. (Enter noture	of injury in Port I	or Port II of item	18.)		
20c. TIME OF INJURY Mont Hour o. m. p. m.	h, Doy, Year 20d. I 19 While of wor	Not while	De. PLACE OF INJURY foctory, street, offi	(Home, form, 20) ce bldg., etc.)	f. (City or town)	(0	County)	(Stote)
21. I certify that I at alive on 24 Feb.	tended the deceases	sed from 21 that d	eath accurred a	1:16 AR,		ises and an tl	ne date sta	ted above
ACTUAL SIGNATURE W. ORL	led Var	Olman RED VAN ORM	M.D. 12	2 S. Can	ESS (Street, city or	town, stote)	26	Haf. S
PHYSICIAN'S NAME (Type)	PRXXXEPRE		CK C	umbe	elne!	mel.		
REMOVAL (Specify) Burial	DATE THEREOF -28-1959	Rosedal	e Cemeter		iocation (City, artinsb			ote)
23. FUNERAL DIRECTOR'S SIGNA		ADDRESS	363	240. REC'D BY	REGISTRAR 246	REGISTRAR'S SIC	A. France	

ATE OF BEATH		Washington Title
Your Life when the court of the		
	aywa sh	
. Fre equipments		
		Title Janes
	4.00	(30, 484) Fall Parks
Company of the last of the August States of the States of		
	; ?;?:	
to any minute of the content of the		

VS A15 (4) 15M 10/57

		MARY	AND	STATE DEPA	RTM	ENT OF	HEALTI	H-BAL	TIMORE	, 18		0.4	05 ~
		135	1	CERT	IFIC/	ATE OF	DEAT	Н		Re	g, Dist,		355
1, 1	PLACE OF DEATH O. COUNTY ALLEG			MAR	YLAND	2. USUAL RE o. STATE	MARY		d lived. If ins b. COU			before adm	nission)
-	b. CITY OR TOWN (IF RURAL and give near CUMBE)	outside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY O	R TOWN (IF	outside corpo	prote limits, wr	ite RURAI	of the latest to	A CHARLES	own)
	d. NAME OF HOSPITA OR INSTITUTION MEMORIAL		HOS!	STAL.		d. STREET	ADDRESS	DORN A				ON	RESIDENCE A FARM?
	NAME OF DECEASED (Type or print)	Fir I	" III.L	AM LOUI		CHAL	KLEY	4. DATE OF DEATH		Month FEB	8	Doy	Year 19 59
5. 5	FEMALE	6. COLOR OR RACE WHITE	7. MARR	RIED NEVER MARR		B. DATE OF BII	8, 18	95	9. AGE (In yellost birthd	eors IF U		EAR IF UN	IDER 24 HRS.
10a	USUAL OCCUPATION during most of working Housev	ng life, even if retired		KIND OF BUSINESS O	OR INDU		IPLACE (State		ountry)	1	US CITIZE		AT COUNTR
13.	FATHER'S NAME	VADT DETD	שענה		13-3	14. MOTHER	R'S MAIDEN						
15.	WAS DECEASED EVER	KARL REIB		SOCIAL SECURITY NO). 17. I	NFORMANT	LIZ	ZIE NE	WMAN	Address			
(Yes		yes, give wor or dates of s		None		MEMOR	RIAL H	OSPITA	L CUI		LAND.	MD.	
7	Canditions, if on gove rise to im cause (o), stoting the lying couse last.	mediate DUE TO	9	everal mark	de	371	Del	len	on vuly	Val	5	ONSET AN	
CERTIFICATION	PART II. OTHE 20g. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY A			CRIBE HOW INJURY C		/					N PART 1	(o) 19. WA PER YES	FORMED?
MEDICAL C	20c. TIME OF INJURY Hour o. m. p. m.		While	NJURY OCCURRED Not while k of work		ACE OF INJURY			or town)		(Cou	inty)	(State)
	21. I certify the alive on ACTUAL SIGNATURE	at I attended the	deceas		death	occurred o	1, ta 4		2, 19 m the couse treet, city or to	es and	an the		e decease ated abov DATE SIGNI
	PHYSICIAN'S NAME (Type)	DR. GEO	RGE	SIMONS		į	imb	esla	1)	n	Q.		
dente.	BURIAL, CREMATION REMOVAL (Specify) UT1A1	226. DATE THEREO	F	22c. NAME OF CEM Sunset		r CREMATORY Orial	Park		tion/city. to berlar				lote)
23.7	FUNERAL DIRECTOR'S	Scarpell:		mber sand	, Mc		-	B 1 0 '5	TRAR 24b. F	REGISTRA	R'S SIGN	ATURE	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1352 CERTIFICATE OF DEATH

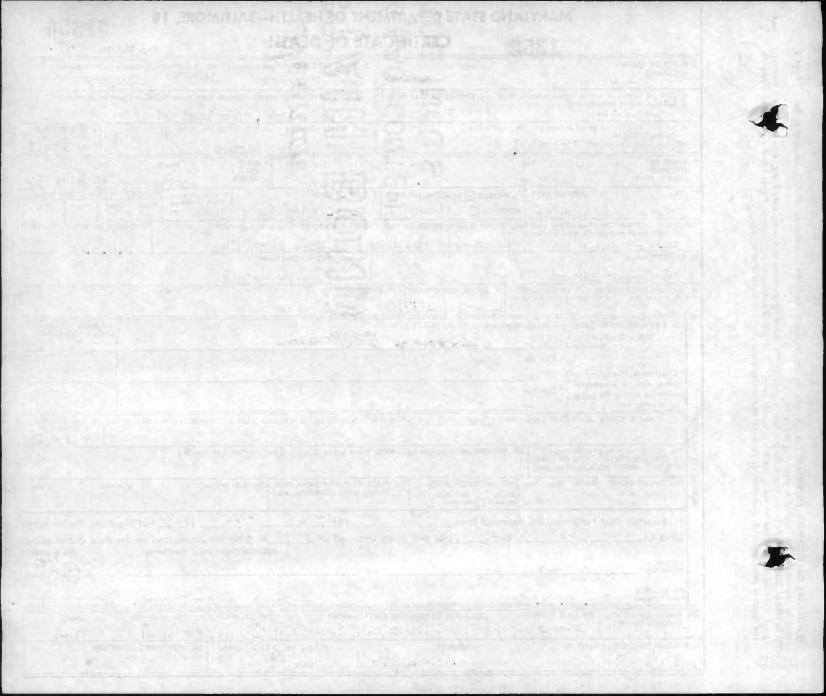
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1352

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Allegany			MARYLAND	11	o. STATE	NCE (Whe	_	d lived. If insti b. COUN	TV .	llega		n)
b. CITY OR TOWN (If outside corporate limit	ts, write	c. LENGTH OF STAY IN 16	,		(b)		rate limits, writ		- 0		
RURAL ond give n			7 days		n		2 3/-	ha o Fran				
	TAL (If not in hospital, g	ive street		10	d. STREET ADI		o, Ma	ryland			e. IS RESID	ENICE
OR INSTITUTION		-									ONAF	ARM?
	eart Hospita	a T			107 Va	-		et			YES 🗌	NO [X
3. NAME OF DECEASED (Type or print)	Charle		Middle E •		lost		4. DATE OF DEATH		Aonth		oy Ye	
S. SEX				Ja n	Darber ATE OF BIRTH		- CLAIII		ruar	-	5th 19	
3. 3CA	O. COLOR OR RACE		IED NEVER MARRIED	B. D.	ALE OF BIKIH			9. AGE (In yellost birthdo	y) Mon		Hours	Min.
Male Male	White	WIDOWE		5	-21- A		878		rs.			
10o. USUAL OCCUPATION	DN (Give kind of wark o king life, even if retired)	dane 10b.	KIND OF BUSINESS OR INC	DUSTRY	11. BIRTHPLAC	TÉ (State o	or foreign c	ountry)	12	. CITIZEN	OF WHAT C	OUNTRY?
Salesn		W	idesale Produ	JCP	Wes	st Vi	rgini	а		TT C	A	
13. FATHER'S NAME				14	. MOTHER'S M					· Ueste	A.	
Frederick	Dorhan (D)			777	37.		-				
IS. WAS DECEASED EVE		CEC2 14	SOCIAL SECURITY NO. 17.	INFOI		S. AJ	rgini		ddress			
	(If yes, give wor or dotes of se	rvicel		. 1141-01	SAME A P				logress			
		122	14-05-574		Chart '	Pt.1s						
18. CAUSE OF DEA	ATH [Enter only one co	use per lin	e for (o), (b), ond (c).]	-		4		-			TERVAL BETV	
PART 1. DEA	TH WAS CAUSED BY:		Coronary	a	colone	en				ON	ISET AND D	EATH
11201	DUE TO		1									
420,1												
Conditions, if o												
couse (o), stating												
lying cause lost.) {c											
PART II. OT	TER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH B	UT NOT	RELATED TO T	HE TERMIN	AL DISEAS	E CONDITION	GIVEN IN	PART 1(a)	19. WAS AU	TOPSY
IT											PERFORA YES	
PART II. OTH	AS UNDERLYING []	20b. DESC	RIBE HOW INJURY OCCUR	RED. (Er	ter nature of i	niury in Po	ort I or Por	I II of item 18.1			163 []	
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)					.,,						
	• 1	T										
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yea	While			OF INJURY (Ho street, office b			or town)		(County	}	(Stote)
p. m.	19	of work										
21 L cartify th	at i attended the	decense	od from 1/18		, 1959	to	1/2	10.	9 11-	A I Inst a	and Alica al	
	2/2	20.5						, 19	-, inc	or i lost s	aw rne a	eceasea
alive an		-, 18-	2, and that dea	th acc	urred ot						ate stated	abave.
ACTUAL	4 11	1 4	201			^	DORESS (S	reet, city or to	vn, stote)		DAT	SIGNED
SIGNATURE	ser IX.	0	en fr.	_ M.D.							1271.	34
BUVEIGIANIE			1								7	
PHYSICIAN'S NAME (Type)	Dr. L. H.	Ley			15	6 Nor	cth_C	entre S	trae	t. Cur	pherla	nd Md
220. BURIAL, CREMATIC REMOVAL (Specify)	N. 226. DATE THEREO	F	22c. NAME OF CEMETERY		MATORY			TION (City, tow			(Stote)	
Burial	12/28/	54	SS. Peter o	Pai	ol Ceme	Tery	Cu.	mber	and		md	
23. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		2	4a. REC'D	BY REGIST			'S SIGNATU		
Sous St	um Inc.	Cur	uberiand,	m.	1	0.0 4	-	59				
	1170 15-1			1,66	3 0	AIC			withe	5. 8 th	-44	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 TO FUNERAL DIRECTOR POGE 3 should be de VS A15 (4) 1SM 10/57



W		Total Control of the
freed director, debe filed with		PLACE OF DEATH o. COUNTY
M Stead		b. CITY OR TOWN
D 3 181		RURAL ond give
rs offie Dy III		d. NAME OF HOSE OR INSTITUTION
24 hau led in l	3.	NAME OF DECEASED (Type or print)
in age	_	SEX
4 with		Female
camp camp agh.	10a	during most of we
on de de		Housew
cian o carb)3.	FATHER'S NAME
physicremave 2 haurs	15. (Ye	WAS DECEASED E
th oding	-	
atten atten with		1B. CAUSE OF D
at the Ther event		592X
es Ifi ed by rmit. any		Conditions, if gove rise to
equii sign iit pe		couse (o), statin lying couse los
shysicid	ATION	PART II. O
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRIC R: After this certificate has been signed by the attending physician and completely filled in by the finestar, page 3 shauld be agrached far use as the burial-transit permit. Then please remave carbon pagers. Pages 1 and 2 th page with the registrar priat to burial, cremation, ar remaval, and in any event within 72 haurs after death.	CERTIFICATION	20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF
r atter certif	MEDICAL	20c. TIME OF INJU
PH) rail a this rema	MED	p. m
or Affer all, ci		21. I certify
TTENE S. The F R. A.		alive on
OX A		ACTUAL
retaii RAL E shauli strar p		PHYSICIAN'S NAME (Type)
TO HOSPITAL OR may be retained to TO FUNERAL DIRIG page 3 shauld be the registrar prial	220	BURIAL, CREMAT REMOVAL (Specif
	23.	FUNERAL DIRECTO
VS A15 (4) 1SM 10/S7		68.1
The state of the s		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CEDT	IEIC A	TE OE	DEATH
CEKI	IFILA	IE OF	DEATH

	2001						eg. Dist. No.	
1. PLACE OF DEATH o. COUNTY	Allegany	MARYLAN		o. STATE Mary 1		. If institution: b. COUNTY	Residence before	
b. CITY OR TOWN (If a RURAL and give near Cumber]		ite c. LENGTH OF STAY IN	16	c. CITY OR TOWN (If or		mits, write RUR/	AL and give near	rest town)
d. NAME OF HOSPITAL	L (If not in hospital, give st	ounty Infirm	ary	d. STREET ADDRESS			e	IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	First Rose	Middle S •		Dawson	4. DATE OF DEATH F	Month bruar	y 12	
	*** * * .	MARRIED NEVER MARRIED [DOWED DIVORCED	_	10/1/1873	9. AG		UNDER 1 YEAR	Hours Min.
100. USUAL OCCUPATION during most of workin Housewif	g life, even if retired)	106. KIND OF BUSINESS OR IN	NDUSTRY	Barton,		_		S. A.
3. FATHER'S NAME Fr	rederick Sh	nuhart	14	Mary	AME Burketi	5		
	IN U. S. ARMED FORCES? yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 1		rmant P.O.Bo Legany Cou			Cumbe:	rland,Md rds
PART I. DEATH	H WAS CAUSED BY: MMEDIATE CAUSE (0)	per line for (o), (b), and (c).].	1 3	yourdia	el Degi	ueraj		RVAL BETWEEN ET AND DEATH
Conditions, if ony	mediate (Kerclor	al	arteries	selero	PiD,		>
couse (o), stoting the lying couse lost.	e under- DUE TO (c)	Chron	ue	nepla	ites			?
CATIC	R SIGNIFICANT CONDUTION	e deter	BUT NOT	related to the termin	NAL DISEASE CON	IDITION GIVEN	IN PART 1(o) 19	PERFORMED?
200. ACCIDENT WAS OR CONTRIBUTING D	CAUSE OF DEATH I	DESCRIBE HOW INJURY OCCU	JRRED. (E	nter noture of injury in P	ort I or Port II of	item 18.)		
ZOc. TIME OF INJURY Hour o. m. p. m.	W W	Od. INJURY OCCURRED 20e /hile Not while work 01 work	foctory,	OF INJURY I Home, form, street, office bldg., etc.)	20f. (City or to	vn)	(County)	(Stote)
21. I certify that alive on 2/1 ACTUAL SIGNATURE	t I attended the dec 11/59 , 1		eath occ	1	M, from the ADDRESS (Street, one St.	causes and	on the date	w the deceased e stated above. DATE SIGNED /12/59
PHYSICIAN'S Dr	James E.	. McLean		Cumberl	and, Ma	arylan	d	
220. BURIAL, CREMATION, REMOVAL (Specify)	2/15,59	Layrel L	Y OR CRI	EMATORY	22d. LOCATION (ou M	rills	(State)
23. FUNERAL DIRECTOR'S	SIGNATURE - W	enter hi	nI	240. REC'D DATEEB	BY REGISTRAR		AR'S SIGNATURI	E

STATE OF THE STATE			
			Catter Consultation
		mention values	
Car Car Theoretical	A Property of		
	CONTRACT		
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M., bringered w. o	reame. J. S. W. Name of Parts of Pa		
	E SECRETARY		
	and the 1901 State of the second		Comment of the commen
	, the Feet and		Mark Total
Ent.	- 17 0 - 6 1000		

CERTIFICATE OF BEATH

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	1304	CEKTIFICA	AIE OF DEATH			Reg. Di	st. No.		
o. COUNTY	LLEGANY	MARYLAND	2. USUAL RESIDENCE (Who	ere deceased	lived. If institution b. COUNTY		ce before	admissio	on)
b. CITY OR TOWN (RURAL and Bix R)	If outside corporate limits, write earest town) LAND	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF or		ote limits, write RL	JRAL ond	give near	est town)	
d. NAME OF HOSPI	TAL (If not in hospital, give street L HOSPITAL	oddress)	d. STREET ADDRESS ROUTE #	1			e	ON A F	
3. NAME OF DECEASED (Type or print)	First HARLEY	Middle BENJAMIN	DAY	4. DATE OF DEATH	FEBRU		Poy		9 59
5. SEX MALE	6. COLOR OR RACE 7. MAR WIDOW	/ED DIVORCED	April 25,189	90	lost-birthdoy) O yrs.	Months	1 YEAR 1 Days	Hours	Min.
during most of wor	ON (Give kind of work done lob king life, even if retired) ED Machinisk		LEGT WIDE		entry)	12. CIT	U.S.		OUNT
13. FATHER'S NAME MILES DA	AY		14. MOTHER'S MAIDEN N	AIR					
15. WAS DECEASED EVE (Yes. no. or unknown) NO	ER IN U. S. ARMED FORCES? 16. (If yes, give wor or dotes of service)	SOCIAL SECURITY NO. 17. I	MEMORIAL HOSE	PITAL .	ARWICHES	E MEM	ORIA MD.	L AV	E.
PART I. DEA		multaple (Brouchoper	ili carcin	Len	if left le	up		T AND E	
ZOO. ACCIDENT W	the under DUE TO (c) HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT				EN IN PAR		PERFOR	UTOPSY MED? NO
OF EITHER, NOTIFY 20c. TIME OF INJUR Hour o. m.	AY Month, Day, Year 20d. I	£-	ACE OF INJURY (Home, form, street, office bldg., etc.)		or town)	(6	County)		(Stote
21. I certify the alive on	DR. WEISMAN	/	occurred at 5:40 A	AM, fram	the causes a set, city or town, see St	nd an t		stated	
220. BURIAL, CREMATIC REMOVAL (Specify)	Feb. 8,195		Cemetery		Ashby	W .	Va.	(Stote)	
3. FUNERAL DIRECTOR Charle		ADDRESS Cumberland		FEB 1 0		Orthur	a L	/	

sral director, d be filed with ATTENDING PHYSICIAN: The Tow requires that the death certificate be executed within 24 hours ofter death. Page 4 moy be retained by the hospital or ottending physician.

O FUNERAL DIRECTOR R. After this certificate has been signed by the attending physician and completely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shither registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. TO FUNERAL DIRECTOR TO HOSPITAL OR VS A15 (4) 15M 10/57

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been placed in the present and soul was all to be more present and a single soul and A voice with the second of the second of M

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1355 CERTIFICATE OF DEATH

	7000						Reg. Dist	. No.	
1. PLACE OF DEATH			2. U	SUAL RESIDENCE (Who	ere deceosed		on: Residence	e before admis	sian)
0. COOI411	Allegany	MARYLAND	0.	STATE Marvl	and	b. COUNTY	All	egany	
b. CITY OR TOWN (If RURAL and give nec	outside corporate limits, write	c. LENGTH OF STAY IN 16	c.	CITY OR TOWN (If or	utside corpor	ote limits, write R			n)
Cumberla		35vrs.	05	Cumberla	nd				
d. NAME OF HOSPITA	L (If not in hospital, give street	oddress)	d	I. STREET ADDRESS	11111			e. IS RE	SIDENCE
735 Mary			1	735 Mary	land	, Ave.			A FARM?
3. NAME OF DECEASED	First	Middle		Lost	4. DATE	Mon	th	Day	Year
(Type or print)	OPAL I	LAVODA DIC	CKI	NSON	OF DEATH	Feb.	10		19 59
5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DAT	E OF BIRTH		9. AGE (In years last birthday)	7	YEAR IF UND	
Female	White widow		3,	/21/14	1000	1/1 yrs.	Months [Doys Hours	Min.
10a. USUAL OCCUPATION	N (Give kind of work done 10b ng life, even if retired)	. KIND OF BUSINESS OR INDU	STRY 1	1. BIRTHPLACE (Stote of	or foreign co	untry)	12. CITI2	ZEN OF WHAT	COUNTRY
Housek		Home		W. Va			US	SA	
13. FATHER'S NAME			14.	MOTHER'S MAIDEN N	AME				
James	S. Thomas			Laura	Wagor	ner			
	IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17. II	NFORM	AANT		Addi	ress		
no		none A.	. J	. Dickins	on (Cumberl	and,	Md.	
18. CAUSE OF DEAT	H [Enter only one couse per l	ine for (o), (b), and (c).]		10				INTERVAL BE	ETWEEN
PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (o)	ussice Cer	-l-	ral Ha	eno.	relia	per	ONSET AND	DEATH
SUIX	DUE TO	^ '	1	-					
Conditions, if an		interose	les	ores				Zy	us.
gove rise to im couse (o), stoting the	mediate (
lying couse lost.	(c)								
PART II. OTHE	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT R	ELATED TO THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART	1(a) 19. WAS	AUTOPSY DRMED?
2									NO [
200. ACCIDENT WAS	CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRE	D. (Ente	er noture of injury in Po	ort I or Port	II of item 18.)			
	MEDICAL EXAMINER)								
20c. TIME OF INJURY Hour o. n.	Month, Doy, Year 20d.		ACE OF	FINJURY (Home, farm, treet, office bldg., etc.)	20f. (City	or town)	(Co	ounty)	(State)
p. m.	19 of wo								
21. I certify the	it I attended the decea	sed from Jefst. 1	15	19 58, 10 3	rel.	10 195	Sthat I lo	st saw the	decease
alive on FA	l. 9, 12	59, and that death	occu						
	40 9,	5		A	DORESS (Str	eet, city or town,	stote)		ATE SIGNE
ACTUAL SIGNATURE	lay/ a	burret	M.D	236 Va.	Cas	r age	ont	when	1)
PHYSICIAN'S NAME (Type)								200	
220. BURIAL, CREMATION	22b. DATE THEREOF	22c. NAME OF CEMETERY OF	R CREN	MATORY	22d. LOCATI	ON (City, tawn, o	or county)	(Stot	(e)
REMOVAL (Specify)	2/12/59	Sunset Memo	ori			berland			
23. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS			BY REGISTR	AR 24b. REGIS	TRAR'S SIGN	NATURE	
H. Lee S	ilcox Cumb	perland. Md.		DATE	LIS I D	29	billing S.	Pleases	

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	prtmija	
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er beginness and an er beginness and extended Miller on behavior for home		97 30 STILL 20 STILL
		700000
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The storage planes of support spots at	Armstv.	autous central array of

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d be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page

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moy be retained by the haspital or attending physician.

• FUNERAL DIRECAR: After this certificate has been signed by the attending physician and sampletely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 shi the registrar prior to burial, crematian, or remaval, and in any event within 72 hours after death.

TO FUNERAL DIRECTOR POGE 3 should be d

VS A1S (4) 1SM 10/S7

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

01360

		130	- CERTIFIC					Reg. Di	st. No.		
1. PLACE OF DEATH o. COUNTY	EGANY		MARYLAND	11	USUAL RESIDENCE (W			on: Resider	nce before o	admission)	
b. CITY OR TOWN (I	f autside carporate limi	ls, write	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (IF			URAL and	give negres	it town)	
CUMBERIA	and the second s		I DAY		PAW PAW 85 X - 3						
	AL (If not in hospital, of MEMORIAL)	HOSP I	address) TAL		d. STREET ADDRESS	AW	//			IS RESIDENCE ON A FARM? (ES NO	
3. NAME OF	Fi		Middle		Last	4. DATE	Man	th	Day	Year	
(Type or print)	JOH	N	В.		DOYLE	OF DEAT	H FEBI	RUARY	26	19 59	
S. SEX	6. COLOR OR RACE	7. MARI	RIED X NEVER MARRIED	B. D	ATE OF BIRTH		9. AGE (In years			UNDER 24 HRS.	
MALE	WHITE	WIDOW	ED DIVORCED	A	UGUST 27.	1907	last birthday)	Months	Days H	laurs Min.	
00. USUAL OCCUPATIO	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR INC	DUSTRY	11. BIRTHPLACE (State	or foreign	country)	12. CI	TIZEN OF V	WHAT COUNTR	
corning most of work	ang me, even a remed				PAW PAW	. W.	VA.		U. S	. A.	
3. FATHER'S NAME				1.	. MOTHER'S MAIDEN						
JOHN DO	YLE				REBECCA	POST					
15. WAS DECEASED EVE			SOCIAL SECURITY NO. 17.	INFO	RMANT		Add	ress			
(Yes, no. or unknown)	(If yes, give war ar dates of s	ervice)		ME	MODIAL HOC	DITAL	CHADEDI	AARD	LID		
18. CAUSE OF DEA	TH [Fnter only one co	use per li	ne (a), (b), and (c).	- IVIC	MORIAL HOS	PITAL	- CUMBERI	LANU,		AL BETWEEN	
	TH WAS CAUSED BY:	(/		170	.0.			ONSET	AND DEATH	
11001	IMMEDIATE CAUSE (d		oronas	7	SKILOV	wo	and		-	day	
420.1	DUE TO			(1						()	
Canditions, if a	mmediate										
cause (a), stating											
lying cause last.) (0		CONTRIBUTION TO DESTRUM	12.101							
PART II. OTH	IER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH B	UI NO	RELATED TO THE TERM	NINAL DISEA	SE CONDITION GIV	'EN IN PAR	1	PERFORMED?	
200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED. (E	nter nature of injury in	Part I or Pa	ort II of item 18.)				
20c. TIME OF INJUR Hour a. m.	Y Month, Day, Ye	or 20d. 1	NJURY OCCURRED 20e.	PLACE	OF INJURY (Home, for	m, 20f. (Ci	ty or tawn)	(*	County)	(State)	
Hour a.m.	19	While of wor		factory,	street, affice bldg., et	c.)					
	- 4 1 - 44 - 1 - 1 - 1 - 1			5	10 = 4.	- ~	150	2		72.00	
	at I attended the	deceas	-1.	<i>d</i>	., 19.5% to		6, 1959				
alive on	70 1	195	27-, and that dea	th oc	curred at 1:25				he date		
ACTUAL SIGNATURE	VX. I	Vec	Ciamo	_M.D.	Queul	e,C	Street, city or lown,	slate	5,	DATE SIGN	
PHYSICIAN'S NAME (Type)	DR. W. F.	WIL	LIAMS						7	1	
220. BURTAL, CREMATIO REMOVAL (Specify)	N, 22b. DATE THERE	59	22c. NAME OF CEMETERY	OF CR	EMATORY	22d. LOC.	ATION (City, town, o	or county)	6	(Stote)	
23. FUNERAL DIRECTOR	SSIGNATURE	-	ADDRESS	,,,	240 PFC	D BY REGIS	STRAR 24b. REGIS	STRAR'S SIG	GNATURE	I V III	
(51	1-6-2)	Aukalia le	54.	4- 76-25 N	IAR 2	2000	of Lun			

CHITISICATE OF DEADS The first of the f

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Allegan	У.	MARYLAND	a. STATE	ENCE (Where deced Maryland	b. COUNTY		
RURAL and give n	If autside carporate limit learest town) Stburg	s, write c.	LENGTH OF STAY IN 16		OWN (If autside co. Midloth:	rporate limits, write	RURAL and give nea	arest town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, gi		ress)	d. STREET AL	DDRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	BENJA		Middle C.	FILE	R 4. DAT	-	nth Da 22	Yeor 19 59
5. SEX male	6. COLOR OR RACE white	7. MARRIED	NEVER MARRIED DIVORCED DIVORCED		8, 1875	9. AGE (lin years lost bithdoy)	Months Doys	Hours Min
10a. USUAL OCCUPATION during most of wor Retired II 13. FATHER'S NAME	king life, even if retired)		oal mines		nnsylva	_	U.S	• A •
15. WAS DECEASED EVE	er IN U. S. ARMED FORG (If yes, give wor or dates of se	rvicel		INFORMANT	Fannie l lie Cos	· Add	Frostbu	rg. Md.
Conditions, if a gove rise to i couse (o), stoting lying couse lost.	the <u>under-</u> DUE TO	8	TRIBUTING TO DEATH BL	JT NOT RELATED TO	THE TERMINAL DISE	ASE CONDITION G	5	Teneral Jean Jeneral Jenera
20c. TIME OF INJUE Hour o. m. p. m.	CAUSE OF DEATH	While of work	Not while of work	RED. (Enter noture of PLACE OF INJURY (Hoctory, street, office	lome, form, 20f. (City or lown)	(County)	(Sto
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	W. O. M	19.77 1 () () () () () () () () () (, and that deal	th accurred at		(Street, city or town		DATE SIGN 23
220. BURIAL, CREMATIC REMOVAL (Specify Burial	ON, 22b. DATE THEREO		c. NAME OF CEMETERY	or crematory Orial Pa	22d. LO	CATION (City, town,	or county)	(Stote)
3. FUNERAL DIRECTOR		rostb	ADDRESS Md.		24a. REC'D BY REC DATE FEB 2 5		Thun S. Krau	

TO FUNERAL DIRECTOR PAGE 3 shauld be a the registrar priar t VS A15 (4) 15M 9/58

Page 4

PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft

this certificate has been signed by the

far use as the burial-transit

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	besittif olmbet		mjestn Filer	a P
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	the supplement of	I 7 . Enai		
MA	and some was the		1 8-25-195 R. majet, Nr	

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CERTIFICATE OF DEATH

	4000							Reg. Dist. N	lo.	
1. PLACE OF DEATH a. COUNTY	Allegan		MARYL		CTATE	(Where deceosed ryland	lived. If institution b. COUNTY		efare admis	
b. CITY OR TOWN (If aut RURAL ond give neares	tside carporate limits, wat town)	vrite c. LEN	davs	N 16		(If autside corpore	ate limits, write RU	RAL and give (nearest taw	n)
d. NAME OF HOSPITAL (I					d. STREET ADDRES				ON A	SIDENCE A FARM? NO I
3. NAME OF DECEASED (Type or print)	ANNA		Middle RGARET		Lost FINZEL	4. DATE OF DEATH	Februa	_	Day	Year 19 59
s. sex 6.	n -12 -4	MARRIED	NEVER MARRIES		ct. 2,	1888	P. AGE (In years lost birthdoy) 70 yrs.	Manths Doy	-	-
Domestic o	Give kind af wark dans life, even if retired)		of Business or vate ho			rate ar foreign ca yland	untry)	12. CITIZEN	OF WHAT	COUNTRY?
13. FATHER'S NAME				14	MOTHER'S MAIDE			•		
Charles	Finzel					e Feste	rman			
1S. WAS DECEASED EVER IN (Yes, no, or unknown) (If yes	U. S. ARMED FORCES s, give war or dates of service		26-1789	Mrs		e Caton	, Frost		Md.	
18. CAUSE OF DEATH PART I. DEATH \	[Enter anly ane cause WAS CAUSED BY: MEDIATE CAUSE (a)	47	o), (b), and (c).]	af	Doscen	Lug C	o Con	0	NTERVAL BE	ETWEEN DEATH
578X Canditians, if any,	DUE TO			1		7				1
gove rise to imme couse (a), stating the lying cause lost.	ediate (
PART II. OTHER S PART III. OTHER S OR CONTRIBUTING (IF EITHER, NOTIFY MEE	SIGNIFICANT CONDITI	IONS CONTRI	BUTING TO DEA	TH BUT NOT	RELATED TO THE T	RMINAL DISEASE	CONDITION GIVE	N IN PART 1(a	PERFO	AUTOPSY ORMED?
	CAUSE OF DEATH	DESCRIBE H	OW INJURY OC	CURRED. (Er	ter nature af injury	in Part I or Part	II af item 18.)			
20c. TIME OF INJURY A Haur a. m. p. m.	10	20d. INJURY While Nat wark at	lat white_		OF INJURY (Hame, street, office bldg.,		ar town)	(Caun	ty)	(State)
21. I certify that	l attended the de	eceased fro	/	/	1	- /	he causes and			
ACTUAL	man de	ive	6.0/5	De Que	4(eet, city år town, s			TE SIGNED
PHYSICIAN'S NAME (Type)	Martin	Roth	stein,	M. D	• F:	rostbur				
	22b. DATE THEREOF	22c.	NAME OF CEME	TERY OR CRI	MATORY	22d. LOCAT	nzel	r county)	(Sta	ote)
23. FUNERAL DIRECTOR'S SIG	GNATURE	1	ADDRESS		24a.	REC'D BY REGISTI	RAR 24b. REGIST	TRAR'S SIGNA	TURE	
J. R. Dur	st.	Fros	tburg.	Md.	DATE	FEB 1 6 3	9 0	ILua 9 4	-	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained the hospital or attending physician.

TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the mental director, page 3 should bit defacthed for use as the burial-transit permit. Then please remove carbor pages. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

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VS A15 (4) 1SM 9/SB

*4 ***		E S CERTIFICAT	
Allegany	hard trak		nagasik
	Vantaoud.	2 days	News Cours
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	FINNEL CONTROL Febru	SERVOERN	AREA
	et. 2, 1885 20		e) tax = 15 and
.4,5,0		ared starter	Hope of Bancil
	nearstas & marinon		Charles Fines.
thurs, Md.	Louise Crony Pros	TM PASSE and Sen IST	
	Le Broudens,	Februaresm, M. B 59 Finnel Venel	Charles - Lang

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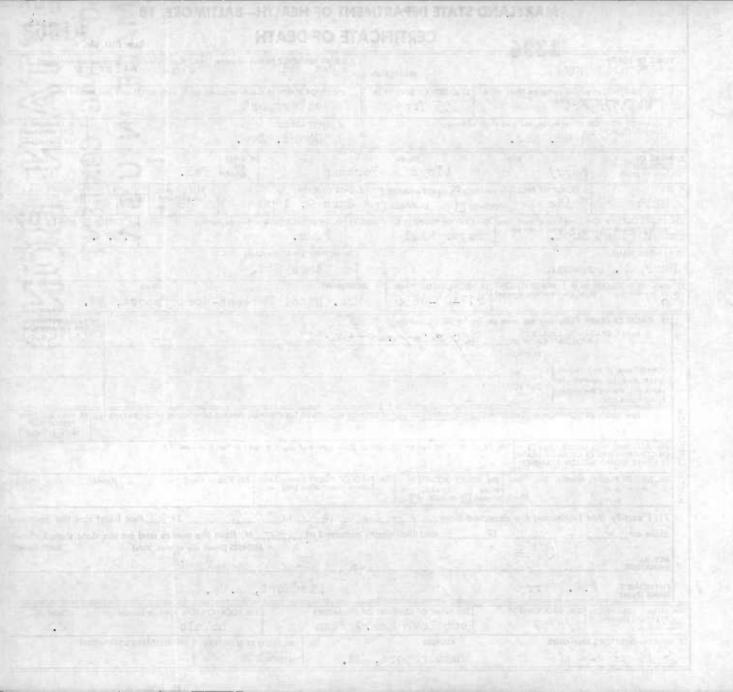
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

01363

130%	CERTIFICA	TIL OI DEATI		Reg. Dist. No.
o. COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (WI o. STATE MIC	here deceased lived. If instituti b. COUNTY	an: Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	SELENGTH OF STAY IN 16	c. CITY OR TOWN (IF of Westernpo	outside corporate limits, write R	(URAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street add OR INSTITUTION 304 Md. Ave.	dress)	d. STREET ADDRESS 304 Md. 1	lve.	e. IS RESIDENCE ON A FARM? YES NOTE
3. NAME OF First DECEASED (Type or print) Harry	Middle Lloyd Fo	reman	4. DATE Mon	6 Day Yeor
5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED WIDOWED		June 9, 1900	9. AGE (In years lost, buthday) 9. yrs.	Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KII during most of working life, even if retired) Power Plant Supt.	ND OF BUSINESS OR INDUS per Mill	TRY 11. BIRTHPLACE (Stole Penn.	ar foreign country)	U.S
Barry M. Foreman		Anna Ot		
(Yes no or unknown) . It's yes own was as dates of service)	1 4 - 4	Mrs. Hazel Fo	Add oreman-Western	
18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 422, 2 DUE TO Conditions, if ony, which)	for (o), (b), and (c).]	tes		INTERVAL BETWEEN ONSET AND DEATH
gove rise to immediate couse (a), stating the under-lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS COI	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	inal disease condition giv	VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJU Hour o. m. While	_ Not while fac	O. (Enter nature of injury in ACE OF INJURY (Home, form tory, street, office bldg., etc.)	n, 20f. (City or town)	(County) (State
21. I certify that I attended the deceased	fram 12/1	accurred at 6 A	M, from the causes of ADDRESS (Street, city or town,	that I last saw the decease and an the date stated above stote) DATE SIGN
PEMOVAL (Specify)	22c. NAME OF CEMETERY OF est Lawn Mem.		22d. LOCATION (City, town, LaVale	or county) (Stote) Md.
3. FUNERAL DIRECTOR'S SIGNATURE	Westernport,			STRAR'S SIGNATURE

VS A15 (4) 15M 10/57



24.34 (21.01

CERTIFICATE OF DEATH

1357

Reg. Dist. No.

b. CITY OF TOWN (if coulde corporate limits, write a LENGTH NO 5 STAT IN 16 DE SURIA of give necessary from) INTERPRETATION	1. PL a.	ACE OF DEATH COUNTY ALLEGAN	Y			MARYLANI		USUAL RESI	MARYL	ere decease AND	d lived. If institut b. COUNTY		ence befo		on)
d. NAME OF HOSPITAL II Hot in heapined, give street address) SACRED HEART HOSPITAL 3. NAME OF HOSPITAL HOSPITAL 4. DATE DEATH FEB. 9. 19. 59 19. 59 5. SEX 6. COLOR OR RACE WHITE WHOWED IX DIVORCED 10. USUAL OCCUPATION (Give sind of work done) the mode of the m	b.	RURAL ond give ne	arest town)	ts, write			b	c. CITY OR		_		RURAL one	d give ned	arest fown)	
DECEASED (Type or print) (Type	d.	OR INSTITUTION	AL (If not in haspital, g		oddress)			d. STREET		,		12		ONA	FARM?
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DEC. 8, 1880 9. AGE (in year) IEUNDER 1948 IEUNDER 22 HISS. WINTER MARRIED DEC. 8, 1880 9. AGE (in year) Months Days Hours Min. Months Male Haney Months Days Hours Min. Months Male Haney Months Male Haney Months Days Hours Min. Months Male Haney Months Min. Months Male Haney Months Min. Months Male Haney Months Min. Mont	DE	ECEASED		st		Middle	G/		st	OF		nth			50
BOUND MADE HOUSEWIPE 13. FATHER'S NAME Thomas Hemings 15. WAS DECASED FUE IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT PATTENTS CHART 18. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: OR PART I. DEATH WAS CAUSED BY: OR PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(of 1)? WAS AUTOFSY PERFORMEDY TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(of 1)? WAS AUTOFSY PERFORMEDY TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(of 1)? WAS AUTOFSY PERFORMEDY TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(of 1)? WAS AUTOFSY PERFORMEDY TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(of 1)? WAS AUTOFSY PERFORMEDY TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(of 1)? WAS AUTOFSY PERFORMEDY TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(of 1)? WAS AUTOFSY PERFORMEDY TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(of 1)? WAS AUTOFSY PERFORMEDY TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(of 1)? WAS AUTOFSY PERFORMEDY TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(of 1)? WAS AUTOFSY PERFORMEDY TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(of 1)? WAS AUTOFSY PERFORMEDY TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(of 1)? WAS AUTOFSY PERFORMEDY TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(of 1)? WAS AUTOFSY PERFORMEDY TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(of 1)? WAS AUTOFSY PERFORMEDY TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(of 1)? WAS AUTOFSY PERFORMEDY TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(of 1)? WAS AUTOFSY PERFORMEDY TO THE TERMINAL DISEASE CONDITION GIVEN IN	1 3					U. W. W.					(gst_birthdoy)	Months	1	IF UNDER	24 HRS.
Thomas Hemings 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (The now of which will be the control of the contr	10a. (ouring most of work	ing life, even it refired	done 10b.	KIND OF E	BUSINESS OR IN	DÚSTRY				ountry)	12. 0			OUNTRYP
18. WAS DECEASED EVER IN U. S. ARMED FORCES? [Tex no. or inhiboral) 18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] 18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] 18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] 18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] 18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] 18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] 18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] 18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] 18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] 18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] 19. Cause of the course of	13. F/	ATHER'S NAME					1	4. MOTHER'S	MAIDEN N	AME	1000				
18. WAS DECEASED EVER IN U. S. ARMED FORCES? [Tex no. or inhiboral) 18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] 18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] 18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] 18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] 18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] 18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] 18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] 18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] 18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] 18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] 19. Cause of the course of		Thoma	s Hemings	3				Ali	ce Ha	ney					
IB. CAUSE OF DEATH Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY DUE TO Cardio - URSCULLAT Regular Bussel Cardio - URSCULLAT Reg		AS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SE	CURITY NO. 17	. INFO				Add	dress			
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (c) DUE TO Conditions, if ony, which gove rise to immediate couse (c), stoling the yader lying couse lost. Iying couse lost. DUE TO CARCIDENT WAS UNDERLYING DO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (off 19. WAS AUTOPSY PERFORMEDY YES NOTE WELL BY NOTE RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (off 19. WAS AUTOPSY PERFORMEDY YES NOTE WELL BY NOTE RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (off 19. WAS AUTOPSY PERFORMEDY YES NOTE WELL BY NOTE B			r yes, give wer or ource or i				PA	TIENTS	S CHAR	T					
21. I certify that I attended the deceased fram. 23 for. 1959, to 9 fob., 1959, that I last saw the deceased alive on 8 fob., 1959, and that death accurred at 2:50A sM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNATURE PHYSICIAN'S NAME (Type) S. G. Weisman, M.D. Could Claud, M.D. PHYSICIAN'S NAME (Type) S. G. Weisman, M.D. Could Claud, M.D. Creeks St. Chimberland Ma. Creeks St. Chimberland Ma. 220. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burial 221. LOCATION (City, town, or county) St. Ann's Cemetery Garrett County Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE	CERTIFICATION	Conditions, if on gove rise to in couse (a), stoting the lying couse last. PART II. OTH PART II. OTH OTH OTH OTH OTH OTH OTH OTH	TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO TO, which mediate he under. (c ER SIGNIFICANT CON CAPPES S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	DITIONS C	REA SAA CONTRIBUT C	Cor Cusive Care Care Vinjury occus Vinjury occus Curred 20e.	E BUT NO RUY PLACE	of INJURY I	Paf injury in Pa	art I or Por	III of item 18.)	MILE IN PA	ONS	-2 9 -2 9 9. WAS AI PERFOR	Cays Cays Moder
Burial 2-11-59 St.Ann's Cemetery Garrett County, Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRE	22 C A S S N N N N N N N N N N N N N N N N N	CTUAL IGNATURE CHYSICIAN'S IAME (Type) S	S Feb Kolve G. Weisman	deceas , 19	ed from	and that dec	2 _{M.D.}	curred at	7.50A Gen Green	eM, from	reet, city or town,	and an state)	last so the da	te stated	deceased above.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR'S SIGNATURE TO SORD P. Dannet Fractbase Md.	F	REMOVAL (Specify)			2000				200				7		
Joseph R. Durst, Frostburg, Md. DAREB 13'59	-								-						
	J	oseph R	. Durst,	Fro	stbu	rg, Md.			DATES	1 3 '59	7 +1		2		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 VS A1S (4) 1SM 10/57

BE BROADLAS - REMAIN OF THEM SATED HT A PRIMARY DAY THE CENTRECATE OF DEATH OF THE PERSON NAMED IN COLUMN THE TANK A THE RESIDENCE OF THE STREET, AND ASSESSED TO SECURE OF THE PROPERTY OF THE P Total Bakes Luming Sell-19 of the Bondary Company Control woseph R. Bursh, krastimry, Manes

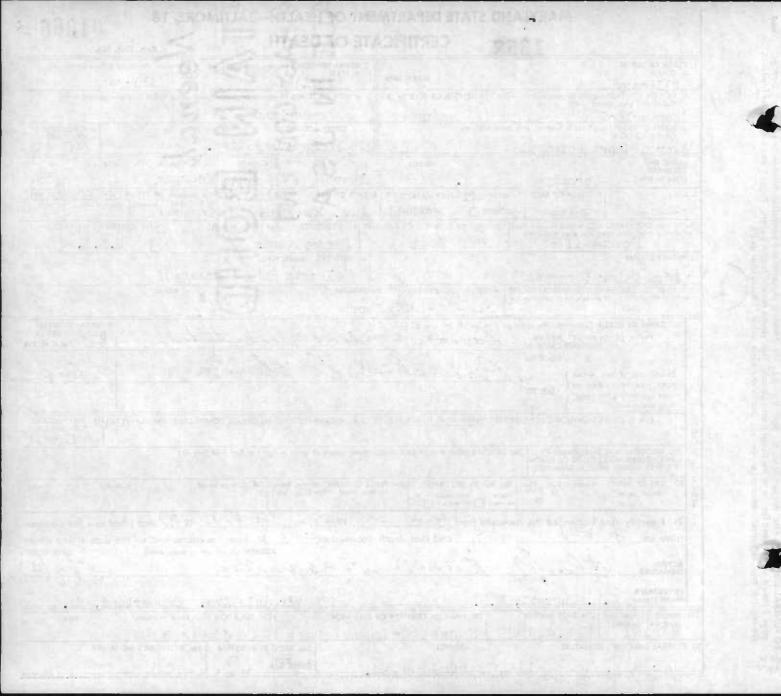
VS A15 (4) 15M 10/57 M

01366

1358 CERTIFICATE OF DEATH

Rea. Dist. No.

		<u> </u>				wed. Dist.	10.	
1. PLACE OF DEATH o. COUNTY		MARYLAND	2. USUAL RESIDENCE (o. STATE Maryland		lived. If institution b. COUNTY	on: Residence b		ion)
Allegany b. city or lowk (If autside carparate limits, writ	te c. LENGTH OF STAY IN 1b			rote limits, write RI			1
RURAL and give n	earest tawn)		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
d. NAME OF HOSPI	AL (If not in hospital, give str	50 minutes	d. STREET ADDRESS	Land			e. IS RES	IDENICE
OR INSTITUTION				Transa A	710		ONA	FARM?
	rt Hospital		219 Pennsyl				1 100 [NO 🔀
3. NAME OF DECEASED (Type or print)	Dorothy	44.0	Gilbert	4. DATE OF DEATH	Februa:		/	rear 1959
5. SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	8. DATE OF BIRTH	915	9. AGE (In years last birthday)	Months Day		
Female	A SELLAL U. C.	OWED DIVORCED		915	43 yrs.	Months Day	ys Hours	Min.
10a. USUAL OCCUPATIO	ON (Give kind of work done) king life, even if retired)	Ob. KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (Sta	ate ar foreign co	ountry)	12. CITIZEN	OF WHAT	COUNTRY
	sewife	Own Home	Pennsylv	ania		U.	S.A.	
13. FATHER'S NAME	Remark III		14. MOTHER'S MAIDEN	NAME				
Adam Oste	r (Deceased)		Alberta	Ruby (Deceased)		
15. WAS DECEASED EVE	R IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT		Addr	ess		
(Yes, no, or unknown) NO	(If yes, give war or dates of service)	212-24-1325	Chart					
	ATH [Enter only one cause pe	er line (a), (b), and (c).]	0	F 50	11		NTERVAL BE	
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Chente Co	ardeae a	Dela	laker	2		un
241X	DUE TO	1	0 1.	, 1			0	
Conditions, if a		Franche	es cisi	Ann	ea		7 de	nz
gave rise to i cause (a), stating						1		/
lying couse last.	(c)							
PART II. OTI		NS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TER	MINAL DISEASE	CONDITION GIV	EN IN PART 1(a	19. WAS A	AUTOPSY
\$							PERFO YES 🗆	NO D
PART II. OTH	S UNDERLYING [] 20b. [CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury	in Part I or Part	Il of item 18.)			
3 20c. TIME OF INJUR	Y Manth, Day, Year 20c	d. INJURY OCCURRED 20e. P	LACE OF INJURY (Home, fo	orm, 20f. (City	or town)	(Coun	ity)	(State)
20c. TIME OF INJUR Hour o. m. p. m.	19 Wh	nile Nat while forwark of work	octory, street, office bldg.,	etc.)		(000		(5.5.5)
		1 - 1	V CO	TE.V.	1 57	-		
21. I certify th	at I attended the dece		19 7, ta	D		that I last		
alive on	19	and that deat	h occurred at 1:38.	M, from	the causes a		date state	ed abave
4.071141	0.0 4	f as	1	ADDRESS (SI	geet, city or town,	state)	2%	TE SIGNED
SIGNATURE	Clay!	Duren	M.D. 2366	a. u	12.			3/5
PHYSICIAN'S								7
NAME (Type)	.E. Durrett,	M.D.	236 Vi	rginia.	Ave. Cw	pherlan	d_Md	
220. BURIAL, CREMATIO	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY			ION (City, town, c		(State	1)
Burial	Feb.4.1959	9 Sunset Men	orial Park	Caam	berland	L Md		
23. FUNERAL DIRECTOR		ADDRESS		C'D BY REGISTI		TRAR'S SIGNA	TURE	
. James F	Saarnalli	Cumberland . M	DATE	EB 5 '59	9 and	Chun S. Kr	ared	
T names F	- DCH LDE 141	, cumper land, N	DAIE			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 1367

5000	
1. PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) o. STATE WEST VIRGINIA b. COUNTY MINERAL
b. CITY OR TOWN (If outside corporate limits, write RURAL C. LENGTH OF STAY IN 18	illo i i i i i i i i i i i i i i i i i i
and give nearest town) CUMBERLAND I DAY	FORT ASHBY 85x-3
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give steet address). MEMORIAL HOSPITAL-MEMORIAL AND WARWICK AVES.	
3. NAME OF First Middle DECEASED (Type or print) EUGENE HARRY	Gulick 4. DATE Month Doy Year OF DEATH Feb. 5
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yours IF UNDER 1YEAR IF UNDER 24 HRS.
MALE WHITE WIDOWED DIVORCED	OCTOBER 17.1911 47 yrs. Months Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU- during Soil 1 rorting life leven if dired) Auto Sales Bus	ISTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
HOWARD E. GULICK	GRACE P BLACKBURG
(Yes no or unknown) 1 (If was nive was as dates of secure)	INFORMANT Address
yesiaxx 577-48-8548	MEMORIAL HOSPITAL CUMBERLAND, MD.
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Maceration	of Brain In of Brain In of Brain In of Brain In of Brain
900.0 DUE TO	00 77
Conditions, if ony, which) (b) Skull Frac	ture 29 Hrs.
gove rise to immediate cause (a), stating the underlying DUE TO	
couse fost. (c)	T NOT BELATED TO THE TERMINAL DISEASE COMMITTION CIVEN IN BURT VILLE WAS AUTORS
SI2	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES MY NO
Lett month and f	(Enter nature of injury in Part I or Part II of item 18.) os at home
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Phour o. m. Peb 4 1959 of work of work	LACE OF INJURY (Home, form, 20f. (City or town) (County) (State) actory, street, office bldg., etc.)
	Home FORT ASHIDT MINERAL, W. VA.
21. I certify that I took charge of the remains described of	pove, held on Autopsy 💢, Inspection 💹, Inquiry 💢, ond in my
opinion deoth resulted from: Notural couses, Accident	K, Suicide , Homicide , Undetermined monner
LACTURE BO D'ACTO A	DATE SIGNED
SIGNATURE Sinched ORlarelie	M.D. CHIEF MEDICAL EXAMINER
EXAMINER'S NAME (Type) Benedict Skitarelic, M.D.	ASSISTANT MEDICAL EXAMINER TO Feb. 5, 1959
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY (
Burial 2/8/59 Hillcres Bu	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
John J. Hafer, Cumberland, Maryland	DATE B 1 159 Other & House

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs ofter death. If any delay is ne execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funerolm 4 should be for priced to the Chief Medical Examiner's Office olang with form PM3. Page 5 may be refoined 10 FUNERAL DirecTOR: Page 3 should be used as a burial-transit permit. File pages—1—and 2 with the State Bol ar its designated agent, priar ta burial, cremation, ar removal, and in any event within 72 hours ofter death. 4 should be to TO FUNERAL Diver VS. ATSME 5M 2/57

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	District to have				
				decimal visite	(NY MIRV)

CERTIFICATE OF DEATH

01368

		Reg. Dist. No.
o. COUNTY allegany MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution o. STATE b. COUNTY	Residence before admission)
b. CITY OR TOWN (Il outside corporate limits, write c. LENGTH OF STAY IN 1b C. LENGTH OF STAY IN 1b C. LENGTH OF STAY IN 1b	c. CITY OR TOWN of outside corporate limits, write RUI	RAL and give/negrest-town)
OR INSTITUTION MY Royal address) OR INSTITUTION MY Royal ave	d. STREET ADDRESS. Mit Royal	ALL, O. IS RESIDENCE ON A FARM? YES NO D
3. NAME OF DECEASED (Type or print) First Middle	Hank 4. DATE Month of DEATH Feb.	Day Year 1959
Male: 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	A	FUNDER I YEAR IF UNDER 24 HRS. Months Doys Hours Min.
Odyling most of working life even if work done Business OR INDL Business OR INDL Business OR INDL	STRY W. BIRTHPLACE (Stote or foreign country) May wille W. Vu	12. CITIZEN OF WHAT COUNTRY
George S. Hawk	Mary Ellen Kigh	1
15. WAS DECEASED FOR IN U. S. ARMED FORCES? (Yes, ris grunthown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17.	Mrs. Thelma Whl C	unt. M. Q
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (ç).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	clessis	INTERVAL BETWEEN ONSET AND DEATH
450.0 DUE TO		
gove rise to immediate couse (a), stating the under-lying couse lost.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	N IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Part I ar Part II of item 18.)	
	LACE OF INJURY (Home, form, clary, street, office bldg., etc.)	(County) (State)
21. I certify that I attended the deceased from 1/9 alive an 1959 and that death	, 1959, to 7/1 , 1959, h accurred at \$05AM, from the causes an	that I last saw the deceased
dive dilatation, 173-17-1, did mai dedi	ADDRESS (Street, city or town, str	
ACTUAL L. 10 Les V.	201 . A 1 C	Will GG
ACTUAL SIGNATURE SIGNATURE SIGNATURE SIGNATURE STORY S	M.D. 456 No Contre So	711/59
SIGNATURE PLC ST. 07 9	MO. 456 N. Contre So Cumbeland, In	2. 711/59

funeral director, ould be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter deoth. Page 4 by the hospital ar ottending physician.

(40R: After this certificate has been signed by the attending physicion and completely filled in by detached for use as the buriol-transit permit. Then pleose remove corbon papers. Poges 1 and 2 is burial, cremotion, or remayol, and in any event within 72 hours ofter death. TO FUNERAL DIP TO HOSPITAL OR the registror pr VS A15 (4) 15M 9/55

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			Total State Control of the Control o

VS A15 (4) 15M 10/57

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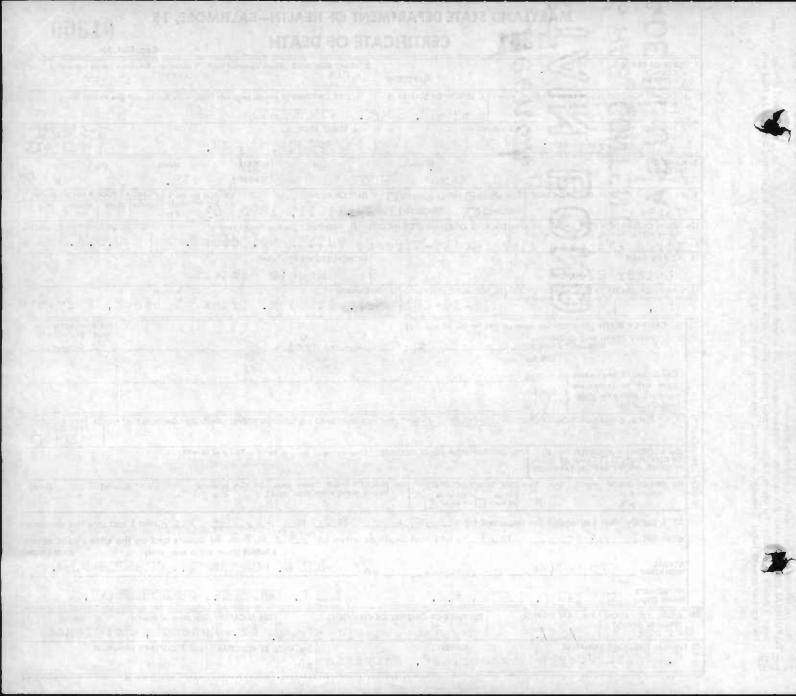
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1361

CERTIFICATE OF DEATH

01369

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY ATJ.FGANY			MAR	YLAND	2. USUAL RES O. STATE MARY LA	IDENCE (W	here deceased	d lived. If institut b. COUNTY			ision)
b. CITY OR TOWN (If RURAL and give nec	arest tawn)	ts, write	c. LENGTH OF STAT		11			rote limits, write l	RURAL ond giv	e nearest tow	m)
d. NAME OF HOSPITA		ive street) M.	N.O.2 CU		AND			- 4C DE	SIDENCE
OR INSTITUTION			2001022				7 T T O CO	DD		ON.	A FARM?
SACRED H	MART HOSPI	TAL			82	לונונו ל	TOWN,	RD.		YES [] NO KOK
3. NAME OF DECEASED	Fir	st	Middle	е	lo	st	4. DATE	Mo		Day	Year
(Type or print)	ILEY		Mann	H:	IETT		DEATH	FEB.	. 1	8	19 59
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARR	IED 🔲	B. DATE OF BIRT	ТН		9. AGE (In years		YEAR IF UND	7
MALE	WHITE	WIDOWI	war.	-	April		1895	63 prs.		ays Hours	Min.
10a. USUAL OCCUPATIO	N (Give kind of wark on life, even if retired	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHP	LACE (Stote	or foreign co	ountry)	12. CITIZI	N OF WHA	T COUNTRY
Retired sh			Kellv-T	ire	Co Ful	ton	Co. P	enna.	U	.S.A.	
13. FATHER'S NAME					14. MOTHER'S	MAIDEN I	NAME		-		
Luther	Hiett				M	aggi	e Win	ters			
15. WAS DECEASED EVER			SOCIAL SECURITY NO		NFORMANT			Ado	Iress		
No,	f yes, give war or dates of s	2	18-16-28	15 A	Ars. Et	hel	M. Tr	uax Ha	ncock	, Mar	yland
PART I. DEAT	mediote ()	e for (a), (b), and (c)	line	hemor	lag	miles	Direc		INTERVAL BONSET AND	Tyrs
20a. ACCIDENT WAS OR CONTRIBUTING ((IF EITHER, NOTIFY A	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE						VEN IN PART I	PERFO	AUTOPSY ORMED?
20c. TIME OF INJURY Hour o. m. p. m.	Manth, Doy, Yea	While	NOT while of work	20e. PL	ACE OF INJURY clory, street, offic	Hame, form e bldg., etc	n, 20f. (City	or tawn)	(Cou	inty)	(State)
ACTUAL SIGNATURE	of Lattended the	, 12_5	2. Jane	deoth	occurred at	905) 41 N.	ADDRESS (SP	the causes of reet, city or town, TRE ST., CUME	and on the stote) CUMBER	dote stat b	ed above
220. BURIAL, CREMATION	, 22b. DATE THEREO	F	22c. NAME OF CEM	ETERY O	R CREMATORY		22d. LOCAT	ION (City, town,	ar county)	(Sto	te)
Burial (Specify)	2/22/5	9	Tonolow	av I	Baptist	Cem	NIna	Hanco			,
23. FUNERAL DIRECTOR'S H. Wayne	-	Cum	berland,		ryland		B 2 4 5		STRAR'S SIGN		



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1395

CERTIFICATE OF DEATH

01370

heral director, id be filed with	M

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Samuel .

may be retained by the haspital ar attending physician.

O FUNERAL DIRE

OR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be delached far use as the burial-transit permit. Then please remove carban papers. Pages 3 and 2 the registrar prior to burial, crematian, ar removal, and in any event within 22-bours after death. TO FUNERAL DIRE
page 3 shauld be

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death; Page 4

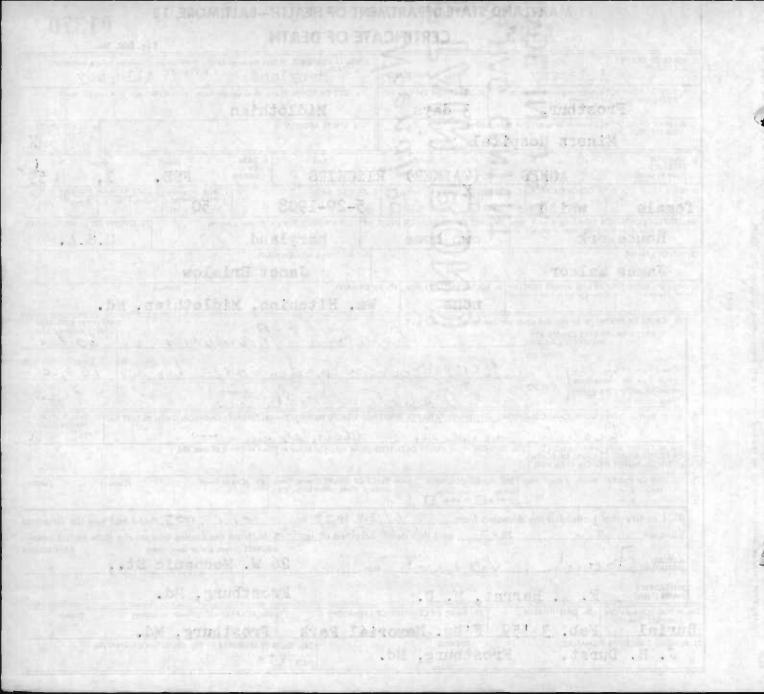
TO HOSPITAL OR VS A15 (4) 15M 10/57

			02111110			•		Reg. Dis	t. No.	
	Allegany		MARYLAND	2. US	VAL RESIDENCE (W STATE Maryl	there deceased and	b. COUNTY		e before o	
RURAL ond give ne	f outside corporate limits, carest town).	, write	c. LENGTH OF STAY IN 16	c. X	CITY OR TOWN (IF Midlo	outside corpo		URAL ond g	ive nearest	fown)
OR INSTITUTION	AL (If not in haspital, given liners Hos		address)	/d.	STREET ADDRESS					S RESIDENCE ON A FARM? ES NO
3. NAME OF DECEASED (Type or print)	AGNES		(WALKER)	HITC	Lost CHINS	4. DATE OF DEATH	Moni FEB		Doy	Yeor 19 59
5. SEX female	6. COLOR OR RACE 7	7. MARRI	D DIVORCED		OF BIRTH -29-1908		9. AGE (In years lost buthday) yrs.			UNDER 24 HRS. ours Min.
10o. USUAL OCCUPATION during most of work nousew	ing life, even it refired)	one 10b.	own home	JSTRY 11	BIRTHPLACE (Stole	-	ountry)	12. CITI	ZEN OF W	·A .
13. FATHER'S NAME				14. A	AOTHER'S MAIDEN	NAME				
	Walker				Jan	et Br	imlow			
15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FORCE (If yes, give wor or dates of serv	ES? 16. 5	none 17.	Wm.	Hitchi	ns, M	idlothi		Md.	
	TH [Enter only one cous TH WAS CAUSED BY: IMMEDIATE CAUSE (o)_	se per lin	e for (o), (b), ond (c).]	re	bral	Thron	nbosis		INTERVA ONSET	AL BETWEEN
Conditions, if or gove rise to in		1	lyperteus	ive	Cardi	o va	1c. de	riase	18	3 400
lying cause lost.	the under- DUE TO (c)_		Diahe	tes	mel	liter	-		?	9 year.
PART II. OTH	Vialeti:	a	Culosis:	2	lujple	nia	4.	EN IN PART	P	VAS AUTOPSY ERFORMED? S NO
	S UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER)	0b. DESC	RIBE HOW INJURY OCCURRE	ED. (Enter	noture of Injury in	Part I or Port	Il of item 18.)			
Y 20c. TIME OF INJURY Hour o. m.	Y Month, Day, Year 19	While	Nat while of work	LACE OF ectory, str	INJURY (Home, formeet, office bldg., etc.	n, 20f. (City	or town)	(C	ounty)	(Stote)
21. I certify the	at 1 attended the d	decease , 195	d fram //	29	19.5%, ta		1, 19 <u>5</u> 7			
ACTUAL SIGNATURE	rank	- 0	Variat			ADDRESS (St	reet, city or town, s Mechani	stote)		DATE SIGNE
PHYSICIAN'S NAME (Type)	F. T. Ha	rra	t, M. D.		F	rostb	urg, Md	•		
220. BURIAL, CREMATION REMOVAL (Specify) Burial	Feb. 3 1	59	F'bg. Memor				tburg.			(Stote)
J. R. D	urst,	Fre	ostburg, Md.		240. REC	D BY REGISTI	RAR 24b. REGIS			

DATEFEB 4

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VS A15 (4)

15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1362 CERTIFICATE OF DEATH

01371

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND AT.T. FY ANY ALLEGANY b. CITY OR TOWN IIf outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Tibre CUMBERLAND CHMBERTAND d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 62 YES TO NO DE SACRED HEART HOSPITAL 811 MEMORIAL AVE 3. NAME OF First Middle 4. DATE Month Year DECEASED (Type or print) DEATH HOLLEN 19 50 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days Det. 24.1899 WIDOWED | DIVORCED | 59 MALE 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) B & O Railroad Maysville W.V A. Car Foreman U.S.A. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Margaret Harman Wellinton P. Hollen 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address US Navv Yes 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOL PERFORMED? YES INO I 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Haur o. m. While Not while at work | at work p. m. 21. I certify that I attended the deceased from 2/2 That I last saw the deceased 56, and that death accurred at 4:35PM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED NAME (Type) 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Feb. 5, 1959 St. Mary's Cath. Cem. Cumberland, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE John J. Hafer, Cumberland, Maryland DATEEB 1 1 '59 arthur & the

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Reg. Dist. No.

3	1. P	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residen	ice before admission)
	9	county alleguny MARYLAND	o. STATE many land b. COUNTY all	lesamy.
1	b	CITY OR TOWN (If outside torpora Times write RURAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If guiside copporate limits, write RURAL and	give represt town)
		sembertand Life	102 Cumberland m	L.V
,	d	. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE
0		317 Pulaski Sheet	317 Puloski St.	YES NO Z
		NAME OF DECEASED A First Middle	1 Lost 4. DATE Month	Doy Yeor
		Type or print) John J. A	offen DEATH Feb.	7 1959
	5. 5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	A A A A I lost bloth-lost	
		Male WIDOWED DIVORCED	7/4/82 To. yrs. Months D	Pays Hours Min.
		USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
	K	etired (ity Employee shell Dept.	Jumberland Md. V	1-S.A.
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
		John Holgen	Catherine Paloce	
	15. (Yes.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address	1 100
		9/0 - Mone 6	Tell Gaether. (umb	-, MX
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: COPONARY OCC	lusion	Sudden
		420.1 DUE TO		
		Conditions, if any, which) (b) Coronary Scl	erosis	
		gave rise to immediate cause		
		(a), stating the underlying OUE TO		
	3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	
0	CATION			PERFORMED?
	TIFIC	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (E	inter nature of injury in Part I or Part II of item 18.)	
	CERTIFI	CAUSE OF DEATH.		
	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLAI	CE OF INJURY (Home, form, 20f. (City or town) (Coun	oty) (Slote)
	MED	Hour a. m. While Not while foctor p. m. 19 of work of work	ory, street, office bldg., etc.)	
		21. I certify that I took charge of the remains described obo	ve, held on Autopsy . Inspection . Inquiry	XX and in my
		opinion death resulted from: Natural couses X, Accident [
		137.53		
		SIGNATURE Benedict Skitarelic. M.D.	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
5		2 11/2 2 1	ASSISTANT MEDICAL EXAMINER	
L		EXAMINER'S Develout Sketarelie	M DEPUTY MEDICAL EXAMINER TK FOD. 9.	1959
	220	RURIAL, CREMATION 22b. DATE THEREOF 22c. NAME OF SEMETERY OR	CREMATORY 22d. LOCATION (City, town, or county)	(Stote)
	1	Juniar 97/2/ 155. 1200 4	- Jane (in Cumb - V)	72
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGN	
1	. 0	James seen enc. I umb	Market 1 1 '59 arthur 8. 7	Trans

HEATO TO STADISHES CERTIFICATE OF DIATH of W. olinest NB talkarest. . Co. C. St. Nor all the little to

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01373

1364

CERTIFICATE OF DEATH

Rea. Dist. No.

1. PLACE OF DEAT		MARYLAND	2. USUAL RESIDENCE (W		ed. If institutio	n: Residence before	odmission)
b. CITY OR TOV	Allegany VN (If autside carporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		limits, write RL	Allegat	
	ive nearest town)	5 days	02 Cumber				
	nerland OSPITAL (If not in hospital, give stree ION		d. STREET ADDRESS	LTalla		0	. IS RESIDENCE ON A FARM?
	Sacred Heart H	<u>ospital</u>	30 Wes	t 1st S	treet		YES NO
3. NAME OF DECEASED (Type or print)	First	Middle	Hook	4. DATE OF DEATH	Mont Feb	/	Year 2 19 59
5. SEX	Rebecca	RRIED NEVER MARRIED	8. DATE OF BIRTH			IF UNDER 1 YEAR	., .,
Female	White WIDOV	VED C DIVORCED	11/5/76	8	ast birthday) 2 yrs.	Months Days	Hours Min.
10a. USUAL OCCUI	PATION (Give kind of work done 10th warking life, went if retired)	KIND OF BUSINESS OR IND	JSTRY 11. BIRTHPLACE (State	e or foreign count	7)	12. CITIZEN OF	WHAT COUNTRY
11	wife	Home	M	arvland		TT.	S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN				
Uex	rv C. Warnick		Marv	Jane Pa	רוו		
IS. WAS DECEASED	EVER IN U. S. ARMED FORCES? 16	S. SOCIAL SECURITY NO. 17.	INFORMANT	0 0 0 1 0	Addre	ess	
(Yes, no-or unknown)	(If yes, give wor or dates of service)	none	Pt Is Cha	5.			
18. CAUSE OF	DEATH [Enter only one cause per	line for (a), (b), and (c).]			1		VAL BETWEEN
PART I.	DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)	110	e i	Paison		ONSE	T AND DEATH
450	alla control c		and the	0-00	THE PARTY OF THE P	0	and)
		0		1 Mit	-	100 111	JW.
	if any, which (b)	- Gr	wowy	1 unu	nere	Ulan IV	H Muso
cause (a), sta	ting the under- DUE TO	-(/	()			3 1 3	
lying cause I	/ (0)	V					
PART II.	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	MINAL DISEASE CO	NDITION GIVE	N IN PART 1(a) 19	PERFORMED?
5							YES NO
OR CONTRIBUT	T WAS UNDERLYING [] 206. DE TING [] CAUSE OF DEATH TIFY MEDICAL EXAMINER;	SCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Part I ar Part II o	of item 18.)		
Hour a.	m. While		LACE OF INJURY (Home, farractory, street, office bldg., etc	m. 20f. (City or	lown)	(County)	(State)
21. I certify	that I attended the decea	sed from 1- 3	30, 1959, to	2-2	1959	that I last say	w the deceased
alive on	2-1-19	177	h occurred of 101	AM from the			
0		T, and manded	occorred of the	ADDRESS (Street,		totel	DATE SIGNED
ACTUAL	17 1.1		11 hans		P. U.		WIAZA
SIGNATURE	- Cu	ur ny	M.D. 1-10-91111	ud	Mary	UNASA.	1119 22
PHYSICIAN'S		//					
NAME (Type)_							
220. BURIAL, CREMA	ATION, 226. DATE THEREOF	22c NAME OF CEMETERY OF	DR CREMATORY PR	22d. LOCATION	(City, town, or	county)	States &
22a. BURIAL, CREMA	2/4/59	(N)	some. Pk	22d. LOCATION	harl	r county) TRAR'S SIGNATURE	ma
220. BURIAL, CREM	2/4/59	Sunsed m	some. Pk	D BY REGISTRAR	Regist 24b. REGIST	and	ma

VS A1S (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 1365

01374

WHITE WIDO Dive kind of work done of the control o	ARRIED DIVORCED DIVORCED DOLL KIND OF BUSINESS OR IN	c. CITY OR TOWN PAW d. STREET ADDRES Lost KIDWELL B. DATE OF BIRTH MAY 8, 195 IDUSTRY 11. BIRTHPLACE (S CUMBERL 14. MOTHER'S MAID FRANCES 7. INFORMANT	VIRGINIA (If outside corporate li PAW SS 4, DATE OF DEATH 9. AC los State or fareign country AND, MD. HENNAME HERRELL	Month FEBRUAR SE (In years Is birthday) 2 yrs.	e. IS RESIDER ON A FAI YES N Day Yeor Y 27, 19 DER I YEAR IF UNDER 2: TO DOYS HOURS CITIZEN OF WHAT CO U. S. A.
WARWICK A First MICHAE COLOR OR RACE WIDO Sive kind of work done fie, even if retired) DWELL JR. U. S. ARMED FORCES? give wor or doles of servicel Enter anly ane cause per AS CAUSED BY: LEDIATE CAUSE (a) DUE TO which diate nder. DUE TO	24 DAYS F	Lost KIDWELL B. DATE OF BIRTH MAY 8, 195 IDUSTRY 11. BIRTHPLACE (S CUMBERL 14. MOTHER'S MAID FRANCES 7. INFORMANT	PAW SS 4. DATE OF DEATH 9. AC los State or fareign country AND, MD. EN NAME HERRELL	Month FEBRUAR SE (In years I of UNE Manth) 2 yrs.) 12.	e. IS RESIDER ON A FAI YES N Day Yeor Y 27 19 DER I YEAR IF UNDER 2 IS Days Hours CITIZEN OF WHAT CO U. S. A.
WARWICK A First MICHAE COLOR OR RACE 7. MA WIDO Sive kind of work done If (fe, even if retired) DWELL JR U. S. ARMED FORCES? give wor or doles of servicel Enter only one cause per (AS CAUSE DBY: LEDIATE CAUSE (b) DUE TO Which diale nder DUE TO	MIDDLES MIDDL	B. DATE OF BIRTH MAY 8, 195 IDUSTRY 11. BIRTHPLACE (S CUMBERL 14. MOTHER'S MAID FRANCES 7. INFORMANT	4. DATE OF DEATH 9. AC las State ar fareign country AND, MD. EN NAME HERRELL	FEBRUAR GE (In years I IF UND II birthday) 2 yrs. 12. Address	Day Yeor Yes No
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U. S. ARMED FORCES? give war or dates of service! Enter anly ane cause per //AS CAUSED BY: EEDIATE CAUSE (a) DUE TO which diate nder. DUE TO		7. INFORMANT			
Enter anly ane cause per CAS CAUSED BY: LEDIATE CAUSE (b) DUE TO which (b) diate nder			SPITAL - C		
AS CAUSED BY: LEDIATE CAUSE (a) DUE TO which diale nder: DUE TO	tine for fat, (b), and (c),	mie H	ukon	ce d'	
GNIFICANT CONDITION	IS CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE T	ERMINAL DISEASE CON	NDITION GIVEN IN P	PART 1(0) 19. WAS AUT PERFORME YES N
DERLYING 20b. D AUSE OF DEATH CAL EXAMINER)	ESCRIBE HOW INJURY OCCUI	RRED. (Enter noture of injury	y in Part I ar Part II of	item 18.)	
Whi		PLACE OF INJURY (Home, factory, street, affice bldg.	form, 20f. (City or to	wn)	(Caunty)
1960	and that dec	n.D. 19. 1. to		causes ond on	I last saw the den the dote stoted of DATE
		Y OR CREMATORY	neved	City laws as south	y) (State)
	1150	H. W. ELIASON	H. W. ELIASON	ADDRESS (Street, of H. W. ELIASON Cucher	ADDRESS (Street, city or town, stots) M.D. 126 Uniou SV. H. W. ELIASON Little Country of the

fureral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR SET OF SET OF THE PROPERTY OF THE VS A1S (4) 15M 10/S7

	HARKYLAND STATE DEPARTME
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01275

		4.0		L EXAMINER'	S CERTIFICATE (OF DEATH	Reg. Dis		041)
	PLACE OF DEATH b. COUNTY	Allegany		MARYLAND	2. USUAL RESIDENCE (Where of o. STATE Marylan			e gan	
k	cumber		RURAL	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside Cumber 1		RURAL and	give neares	si tawn)
	213 Pa	_	not in hos	pital, give street address)	d. STREET ADDRESS 213 Paca	St.,			IS RESIDENCE ON A FARM?
	NAME OF DECEASED (Type or print)	GEORGE		STIAN KOT	SCHENREUTHER DE			Doy 20,	Year 19 59
5. 3	Male	6. COLOR OR RACE White	7. MARRIE	D NEVER MARRIED XX	March 18, 18	9. AGE (In years log) birthday) 10 yrs.	Months D	YEAR IF L	JNDER 24 HRS. urs Min.
(. USUAL OCCUPATI furing most of working estaural	ng life, even if retired)		ind of Business or indus	TRY 11. BIRTHPLACE (Stote or fore			S.A	AT COUNTRY?
13.	George I	Cotschenre	uthe	r	14. MOTHER'S MAIDEN NAME Catherine	Seiss			
15. (Yes	Yes,	YER IN U. S. ARMED FOR	ervice)		. Joseph P. K	Address otschenre		LaV	ale, N
		TH Enter only one country was CAUSED BY: IMMEDIATE CAUSE (a)	se per line i		occlusion			INTERVAL BONSET AND	d den
	Conditions, if a	diate cause		coronary	sclerosis			-	
z	(a), stating the cause tast.	(c).	DITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINALD	SEASE CONDITION GI	VEN IN PART	1(a) 19 W	AS AUTOPSY
CERTIFICATION		h y	pert	ensive card	iovascular ki	sease			REORMED?
1 .	20g. EXTERNAL CA PRIMARY OF CO CAUSE OF DEATH.				Enter nature of injury in Part f or P				
MEDICAL	Hour a.m.	RY Month, Day, Yea	While		CE OF INJURY (Home, form, tory, street, office btdg., etc.)	(City or town)	(Coun	nty)	(Stote)
					ove, held an Autapsy [] [], Suicide [], Homi	-	, Inquiry	<u> </u>	and in my
	ACTUAL SIGNATURE	Renedict	Ski	Tarolic	M.D. CHIEF MEDICAL EXAMINI	ER 🗍		DA	TE SIGNED
	EXAMINER'S NAME (Type)	Benedict S	Skita	relic M.D.	ASSISTANT MEDICAL EXAMI	Feb	ruary	20,	1959

22c. NAME OF CEMETERY OR CREMATORY

0

TO DEPUTY MEDICAL EXAMINER: This 4 shauld be for VS. A15ME

22d. LOCATION (City, town, or county) Cumberland, Maryland

2/23/59 S.S.Peter & Paul's Cumberland, Maryland Burial 23. FUNERAL DIRECTOR'S SIGNATURE H. Wayne George

220. BURIAL, CREMATION, 22b. DATE THEREOF

REMOVAL (Specify)

24o. REC'D BY REGISTRAR

DATE

24b. REGISTRAR'S SIGNATURE

5M 2/57

MEDICAL EXAMINER'S CERTIFICATE OF PRATE THE RESERVE OF THE PARTY OF THE The second

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VS A1S (4) 15M 10/57

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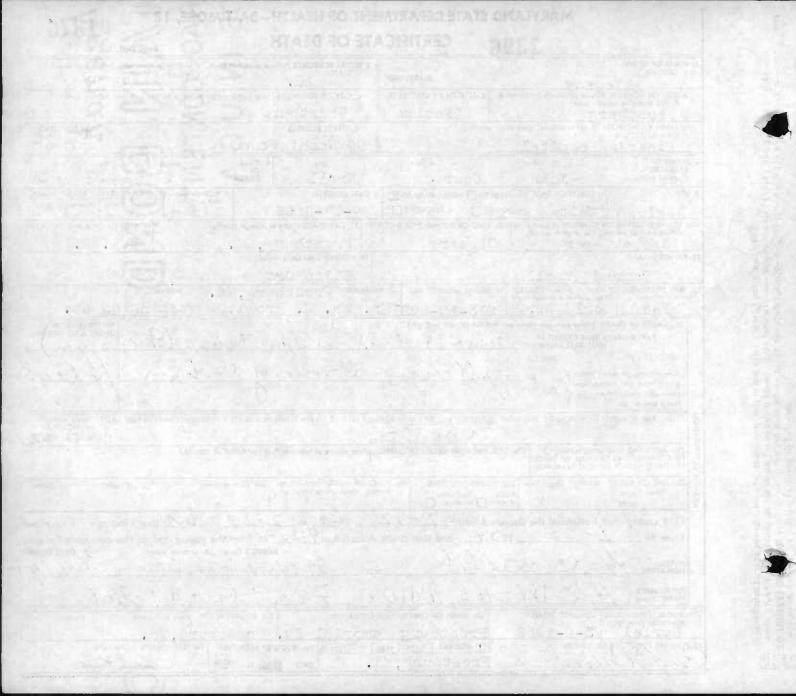
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01376

396	CERTIFICATE	OF	DEATH
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Reg. Dist. No.

1. P	LACE OF DEATH	gany		MARYLAND		USUAL RESIDENCE (No. STATE	Where deceas	ed lived. If institut b. COUNTY		ce before		n)	
Ь	. CITY OR TOWN (IF	autside corporate limi	its, write	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (I	f autside carp	porate limits, write l	RURAL and	give neare	st town)		
	Frostbu			Lifetime	12	Frostburg							
C	OR INSTITUTION	L (If not in hospital, g	give street	oddress)	1	d. STREET ADDRESS e. IS F						ENCE ARM?	
		Hospita	1		1/5	99 Washington						NO 🗌	
3. N	NAME OF DECEASED	Fir	rst	Middle		Lost	4. DATE	Mai	nth	Day	Ye	or	
	Type or print)	John		Conrad		Kroll	DEAT	н 2	3	28	3 19	59	
5. S	EX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	8. DA	TE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER	1 YEAR IF	-		
	Male	White	WIDOWI	ED DIVORCED		7-17-190	6	52"	Months	Doys	lours	Min.	
10a.	USUAL OCCUPATIO	N (Give kind of work no life, even if retired	dane 10b.	KIND OF BUSINESS OR INDI	JSTRY	11. BIRTHPLACE (Sta	te ar fareign	country)	12. CIT	IZEN OF	WHAT	OUNTRY?	
	Storeke	•		rocery	635	Frostbu	rg.Md	l.	U.	.S.	A.		
13. (FATHER'S NAME	A EVENTY	2-1-		14	MOTHER'S MAIDEN	NAME						
	Conrad Kroll					Ellen O	rt						
15. Y	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17.	INFOR	MANT Frost	burg.	Md. Add	iress				
,		World War	2 9	213-10-97211					hingi	ton	St.		
	18. CAUSE OF DEAT	TH [Enter anly one co	ovse per li	ne far (a), (b), and (c).]		/			101		AL BETY		
	PART I. DEAT	H WAS CAUSED BY:	12	mocarde	a	Indo	es al	ian (21.10	ONSEI	AND	EANH	
	400.1	DUE TO		5/00		0 1		0 1	,		1 0	-	
	Conditions, if an		1	allowing		Corona	14	Occlus	ion	16	da	1.5	
	gave rise to in cause (a), stating t		7)							1		1	
	lying cause last.) (c)				<u> </u>						
CATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEATH BU	T NOT	RELATED TO THE TER	MINAL DISEA	SE CONDITION GI	VEN IN PAR		WAS AL		
CAT				Obesit	U						ES 🗍		
0	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED En	iter nature af injury i	n Part I ar Pa	art II af item 18.)					
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Ye	or 20d. II While of wor	Not while fe	LACE (octory,	OF INJURY (Home, fa street, office bldg., a	orm, 20f. (Ci	ity or tawn)	(0	County)		(State)	
	21. I certify the	at I attended the	deceas	ed fram. 2-12	7_	, 1959, to	2-2	8 , 1959	that I	last saw	the d	eceased	
	alive an	2-28	19 5	9 , and that deat	h acc	turred at 912	5 PM. fro						
	-	10	a	×00				(Street, city or town			ZDAT	E SIGNED	
	ACTUAL SIGNATURE	16.0	de	elil.	M.D.	39 W	vib	vains	t.	200	411	13	
	PHYSICIAN'S NAME (Type)	4.C.D	ie	HL, MID) ,	Fr	est	burg		ned	1	,	
220.	BURIAL, CREMATION	, 22b. DATE THEREC)F	22c. NAME OF CEMETERY	OR CRE	MATORY	22d. LOC	ATION (City, 161/h,	or county)		(State)		
	REMOVAL (Specify) Burial	3-2-195	59	Frostburg 1	/lem	orial Pk	Fre	stburg.	Md.				
23_1	FUNERAL DIRECTOR'S	SIGNATURE	0	Hafers Funer		Home 240. RE			ISTRAR'S SIG	GNATURE			
1	earl) 8.1	Malling	14	Frostburg, N	Id.	DATE	MAR 6		Ciremen.	S. Kra	ud		



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MARYLAND	STATE	DEPARTMENT	OF HEALTH—B	ALTIMORE,	18

1397 CERTIFICATE OF DEATH

Rog. Dist. No. 1377

b. CITY OR TOWN (if outside corporate limits, write RURAL and give necest town) FYOS thurs FYOS thurs ON NAME OF INDITARY ON ON A PARKY ON A PA	1. PLACE OF DEATH o. COUNTY All	PLACE OF DEATH o. COUNTY Allegany Maryland 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Md. b. COUNTY Allegany									
Prostburg Constitution Constit	b. CITY OR TOWN (If	outside corporate limits, s	write c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (IF	outside corpo	rote limits, write R	URAL ond give	e nearest tov	vn)	
Since the structure of			Lifetime)	Frostbu	rg					
SAME OF CENTENNIAL St. G6 Centennial St. TEST NOTE	d. NAME OF HOSPITA	L (If not in hospital, give	street address)		d. STREET ADDRESS				e. IS RE	SIDENCE	
DECEASED (1) FOR THE PART I CONTROLL OF STORY OF THE PART I CONTROLL OF STORY OF STO		entennial	St.		66 Cente	ennial	St.				
5. SEX S. COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED NOT FIRST 1895 S. ACE (In year) EUNDER 1976, Months 1978, Months 197	DECEASED	00 2 1 2 1 2 1 2 1		-h	_	4. DATE OF		th	Doy 28	Year 59	
100. USUAL OCCUPATION (Give kind of work dance) 100. KIND OF BUSINESS OR INDUSTRY 11. BIRTHFLACE (Side or foreign country) 12. CITIZEN OF WHAT COUNTRY OF WHAT COUNTRY 13. FATHER'S NAME						DEATH		LIE HAIDER 13			
HOUSEWOPK HOUSEWOPK WILLIAM MCKENZIE 13. KATHER'S NAME WILLIAM MCKENZIE 15. WAS DECASSED EVER IN U. S. ARMED FORCES? Id. SOCIAL SECURITY NO. IV. INFORMANT Frostburg, Md. Address If the grave was a date of service) 18. CAUSE OF DEATH [Enter only one coure per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH [Enter only one coure per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Conditions, if only, which gove rise to immediate coure (a), stoling the under coure (a), stoling the under coure (a), stoling the under coure (b), stoling the under lying coure tol. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) If the mediate course (b), stoling the under lying course tol. 20. ACCIDENT WAS UNDERLYING (c) 20. ACCIDENT WAS UNDERLYING (c) CONTRIBUTING CAUSE OF DEATH (FETTING LEARNINGS) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) If was autoress of the mediate course of injury in Port I or Port II of item IB.) 20. ACCIDENT WAS UNDERLYING (c) COUNTY MONTH MEDICAL EXAMINES (c) 21. I certify that I attended the deceased from MALL 1954 to ALL 28 1957 that I lost saw the deceased alive and the course and on the date stoled obove and on the course and on the date stoled obove and on the course and on the date stoled obove and the course and on the date stoled obove and the course of				_		1895	last birthday)			7	
HOUSEWORK HOUSEWORK WILLIAM MCKENZIE 13. KATHER'S NAME WILLIAM MCKENZIE 14. MCHER'S MADEN NAME WILLIAM MCKENZIE 15. WAS DECASSO EVER IN U. S. ARMED FORCES? Id. SOCIAL SECURITY NO. IV. INFORMANT Frostburg, Md. Address If the green was or dotes of service) 18. CAUSE OF DEATH [Enter only one coure per line for (c), (b), and (c).] PART I. DEATH WAS CAUSED BY: Conditions, if only, which gove rise to immediate course (c), stoling the under course (c), stoling the under course (c), stoling the under lying course tol. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) If year of the course of injury in Port I or Port II of item IB.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) II. WAS AUTOPSY YES CONDITION GIVEN IN PART I(c) II. WAS AUTOPSY Y	10a. USUAL OCCUPATIO	N (Give kind of work don	10b. KIND OF BUSINESS OR	NDUS	TRY 11. BIRTHPLACE (Stat	e ar foreign co	ountry)	12. CITIZI	N OF WHA	T COUNTRY	
13. FATHER'S NAME WIlliam McKenzie 15. WAS DECEASED EVER IN U. S. ARMED FORCES? IG. SOCIAL SECURITY NO. IT. INFORMANT Frostburg, M. address Inc. CAUSE OF DEATH [Enter only one couse per line for (a). (b). and (c).] PART I. DEATH WAS CAUSED BY: COMMINISTER LOWER COUSE FOR INMEDIATE CAUSE (a). DUE TO COnditions, if any, which gove rise to immediate cause (b). DUE TO CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 19. WAS AUTOPSY PER CAMBED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 19. WAS AUTOPSY PER CAMBED? TO CONTRIBUTING COURSE OF DEATH CETHER IN NOTIFY MEDICAL EXAMINER) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DESCRIBE HOW INJURY OCCURRED. (Enter notive of injury in Port I or Port II of item IB.) TO CONTRIBUTING TO DEATH WORLD AND CONTRIBUTING TO DESCRIBE HOW INJURY OCCURRED. (Enter notive of injury in Port I or Port II of item IB.) TO CONTRIBUTION DICAL EXAMINER) 200. THE OF INJURY MEDICAL EXAMINER) 200. THE OF INJURY MEDICAL EXAMINER) 201. I certify that I attended the deceased fram Market Dickey, street, office bidg., etc.] 202. THE OF INJURY MONTH, DOY, Yeer 20d. INJURY OCCURRED of Work Dickey, street, office bidg., etc.] 203. ACCIDENT WAS UNDERLYING DICKEY D	during most of worki	ng lite, even it retired)						U.	S. A		
WILLIAM MCKONZIO 15. WAS DECEASED EVER IN U. S. ABMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Frostburg, Md. Address Mr. James E. Skidmore, 66 Centennial St 18. CAUSE OF DEATH (Enter only one couse per line for (o). (b). and (c).] PART I. DEATH WAS CAUSE DY. DUE TO Conditions, if ony, which gove rise to immediate couse (o), toloning the underlying of the part of the couse (o), toloning the underlying of the part of the couse (o), toloning the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOFNY PERFORMEDRY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOFNY PERFORMEDRY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOFNY PERFORMEDRY PERFORMEDRY 10. GEODAL ACCIDENT WAS DURSE OF DEATH ON THE PART I (o) 19. WAS AUTOFNY PERFORMEDRY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOFNY PERFORMEDRY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOFNY PERFORMEDRY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOFNY PERFORMEDRY PERFORMANCE OF DEATH WAS AUTOFNY PERFORMEDRY PROBLEM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOFNY PERFORMEDRY PERFORM									10 0 220		
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? IS. SOCIAL SECURITY NO. IT. INFORMANT Frostburg, Md. Address Mr. James E. Skidmore, 66 Centennial St. James E. Skidmore, 66 Centennial St	3075 7 7	tom McKen	716		Maria T	awson					
IB. CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSE BY: COMMISSION CONTRIBUTION COUNTRIBUTION CAUSE OF DEATH COUNTRIBUTION COU	15. WAS DECEASED EVER			17. IN			MC - Addr	ess			
18. CAUSE OF DEATH [Enter only one coure per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate course (c). DUE TO Lying course lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 200. ACCIDENT WAS UNDERLYING. OR CONTRIBUTING CAUSE OF DEATH HOW o. m. p. m. 19 ONLY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 21. I certify that I attended the deceased fram. While of work of work. OTHER SIGNIFICANT CONTRIBUTION. 22. I certify that I attended the deceased fram. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 3 - 2 - 1959 Frostburg Memorial Pk. Frostburg Md. 240. RECO BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Haf CORRESPONTED Hom or 12. Prostburg Md. 240. RECO BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	(Yes, no, or unknown) (I	f yes, give war or dates of service	e) .	1					enni	al St	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) CORONARY OCCUSION ONSET AND DEATH B	IR CAUSE OF DEAT	W Fester entre one come	are line for (a) (b) and (a) 1		Uamob H.	DILLO	1010, 00				
Conditions, if ony, which gove rise to immediate couse (a), stating the under lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY YES NO DECONTRIBUTING CAUSE OF DEATH (IF ETHER NOTIFY MEDICAL EXAMINED) 20c. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF ETHER NOTIFY MEDICAL EXAMINED) 20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 19. While Not while of work of the course of injury in Port 1 or Port II of item 18.) 21. I certify that I attended the deceased from March 19. J., to Jeb. 28. 19. 9. Into I last saw the deceased alive on Jeb. 19. Symmetry of the course of the course on do not be doted above. ACTUAL SIGNATURE Day Day	PART I. DEAT	H WAS CAUSED BY:	CORONAL	RY	occlu	ISINA			ONSET AND	DEATH	
Conditions, if ony, which gove rise to immediate couse (a), stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DECEMBENT OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour o. m., p. m. 19 contributions of work of the work of the contribution of the contributi	/ / / .			/		1000			7.0 1	10-	
Couse (o), storing the under-tying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 200. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CONCONTRIBUTION CONCO	Conditions, if on		arlenosce	one	tie Card	words	war de	seare	ye	ars-	
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 20d. INJURY OCCURRED While of work	couse (a), stating the lying couse lost.		Riabe	tes	mell mell	iters			ye	210.	
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 20d. INJURY OCCURRED While of work	PART II. OTHE	R SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEAT	TH BUT I	NOT RELATED TO THE TERM	MINAL DISEASE	CONDITION GIV	EN IN PART 1	PERF	ORMED?	
21. I certify that I attended the deceased from mask, 1954, to Aeb, 28, 1959, that I last saw the deceased alive an Telephone 15, 1959, and that death occurred at 10 YVA.M, from the causes and an the date stated above ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) DAVIS, MD. PROST64R9, Md. 220. BURIAL CREMATION, REMOVAL (Specify) REMOVAL (Specify) Burial 23. FUNERAL DIRECTOR'S SIGNATURE HafePorespuneral Home 240. REC'D BY REGISTRAR'S SIGNATURE		CAUSE OF DEATH	DESCRIBE HOW INJURY OC	CURRED	. (Enter noture of injury in	Port I or Port	II of item 1B.)				
actual Signature Signature Survey Sur	20c. TIME OF INJURY Hour o. m. p. m.		While Nat while	20e. PLA foct	CE OF INJURY (Home, for ory, street, office bldg., et	m, 20f. (City	or town)	(Cou	nty)	(Stote)	
actual Signature Signature Survey Sur	21. I certify the	it I attended the de	ceased from ma	net	1954 10 17	Tek. 2	8 10.59	That I las	t saw the	deceases	
ACTUAL SIGNATURE SIGNATURE SIGNATURE ADDRESS (Street, city or town, stote) ADDRESS (Street, cit	1 2	el 15	and an a		occurred at 10:47	A.M. from	the course of	nd on the	data stat	deceased	
ACTUAL SIGNATURE FOLLY S. LOUIS, M.D. 2 BRONDWAY, 3/3/59 PHYSICIAN'S NAME (Type) John B. DAVIS, MD. FROST64R9, Md. 220. BURIAL CREMATION, REMOVAL (Specify) Burial 3-2-1959 Frostburg Memorial Pk. Frostburg Md. 23. FUNERAL DIRECTOR'S SIGNATURE Hafeforal Home 240. REC'D BY REGISTRAR'S SIGNATURE		10		acam	occorred dillering	ADDRESS (St	reet, city or town,	nu on me	dole stat	ATE SIGNED	
NAME (Type) D M M D. DAUIS, MD. PROSIGHERY M. C.	ACTUAL SIGNATURE	Dolly 5	. Wavis	, N	1.D	B	1		Ĵ	13/59	
REMOVAL (Specify) Burial 3-2-1959 Frostburg Memorial Pk. Frostburg Md. 23. EUNERAL DIRECTOR'S SIGNATURE Haferores uneral Home 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	PHYSICIAN'S NAME (Type)	John	B. DAVIS	, 4	D. F	Ros	164R9	Mo	/		
23. FUNERAL DIRECTOR'S SIGNATURE Hafe DRESD uneral Home 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	REMOVAL (Specify)							r county)			
(4)	23. FUNERAL DIRECTOR'S					1		TRAR'S SIGN	ATURE		
Least 15: Mail Frostburg, Md. DATE MAR 6 '59 Orillary & Known	Learl H.	natt l	Frostburg,								

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TO FUNERAL DIR Poge 3 should be the registror prior to

VS A15 (4) 15M 10/57

TO HOSPITAL OR

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

CERTIFICATE OF DEATH

		13	367	CERTIFIC	AT	E OF DE	AT	Н		-	Reg. Di	st. No.) • ()
1.	o. COUNTY	ALLEGANY		MARYLAND	2.	O. STATE		here deceased	d lived. If inst b. COUI	itution:	Residen	ce befo	re odmis	sion)
	RURAL ond give new	AND		c. LENGTH OF STAY IN 1b	(c. CITY OR TOV		outside corpo	rote limils, wri	te RUR	AL ond	give ned	arest low	n)
	OR INSTITUTION	AL (If not in hospitol, gi		oddress)	1	d. STREET ADD		rison	Street				ONA	SIDENCE A FARM? NO
3.	NAME OF DECEASED (Type or print)	fin Marg	aret	Middle S.		Lease		4. DATE OF DEATH		Month) rua	ry	16t	3-	Yeor 19 59
S.	Female	6. COLOR OR RACE White	7. MARR	IED NEVER MARRIED DIVORCED DIVORCED		ate of BIRTH ptember	5,	1865	9. AGE (In yellost birthdo		Months	1 YEAR Days	IF UND Hours	ER 24 HRS. Min.
10	Da. USUAL OCCUPATIO during most of working HOUSEN	ng life, even if refired)	lone 10b.	KIND OF BUSINESS OR IND HOME	USTRY	11. BIRTHPLACE					12. CIT		S. A	COUNTRY
	R. FATHER'S NAME We slej				1.	4. MOTHER'S MA	nkn							
	S. WAS DECEASED EVER	IN U. S. ARMED FORG f yes, give war or dates of se		SOCIAL SECURITY NO. 17.	nro 2	Elmer	- 0	Leus	e (Addres	ml	/.	m	2
		TH [Enter only one county one cou	Acres	te Coronary 0	ccl	usion						ONS	erval 81 SET AND Mute	DEATH
	Conditions, if on gove rise to im couse (o), stoting to lying couse lost.	mediote (Art	eriosclerotic and congest	He	art Dis	eas fai.	e with lure	Cardio	meg	galy	Ма	ny y	rears
CATION	PART II. OTH			ontributing to DEATH BUCT infection.	JT NOI	RELATED TO TH	IE TERW	INAL DISEAS	E CONDITION	GIVEN	I IN PAR	T 1(o) 1	9. WAS PERFO YES	DRMED?
CERTIFI		LI CAUSE OF DEATH I	20b. DESC	RIBE HOW INJURY OCCUR	RED. (E	nter noture of in	jury in	Port I or Par	t II of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Month, Doy, Yea	While	Not while of work	PLACE octory	OF INJURY (Hor street, office bl	ne, fori dg., et	m, 20f. (City	or town)		(0	County)		(Stote)
	21. I certify the alive on February SIGNATURE	of I attended the ruary 11th	decease _, 195	ed from November 2, and that deat	7th oc	curred at <u>3</u> .	:30:	a.M. from	n the cause reet, city or to	s and	d on th	he da	te stat	ed abave
	PHYSICIAN'S WY	yand F. Doe	rner	, Jr., M.D.	_	C	umb	erland	, Maryl	and	1.			
22	Removal (Specify) Burial	2-18-59	F	22c. NAME OF CEMETERY Hillcrest Ce					non (city, too berlan			/lan	(Stol	ie)
23	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS Cumberland,		24		D BY REGIST		EGISTR	Thun	SNATU	RE	

AMAZINA MARANA M		
	altitud man	CERTIFICATE OF DEATH
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TO HOSPITAL OR, ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours? I death. Page 4 may be retaine by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by Mr. funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the registror prior to buriol, cremotian, or removal, and in any event within 72 hours—offer death.

VS A1S (4) ISM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1398

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	Allegany	MARYLAND	2. USUAL RESIDENCE (V	Where deceased live	h COUNTY	Residence before od	missian)
b. CITY OR TOWN (Allegany If outside carporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II	4			own)
RURAL and give n	rostburg	6 Days		tburg			
d. NAME OF HOSPIT	AL (If nat in haspital, give street		d. STREET ADDRESS	courg	100	e. IS	RESIDENCE
OR INSTITUTION	er's Hospita	1	67 G	rant St	reet		A FARM?
. NAME OF	First	Middle	Last	4. DATE	Manth	Day	Year
(Type or print)	Annie	K.	Lindsav	DEATH F	ebruary	5th.	19 59
S. SEX	6. COLOR OR RACE 7. MARI		B. DATE OF BIRTH	9. 4	GE (In years IF L	UNDER 1 YEAR IF U	NDER 24 HRS
Female	White WIDOW	ED DIVORCED	May 25th,	1884	74 yrs. Mc	anths Days Hau	rs Min.
On. USUAL OCCUPATIO	ON (Give kind af wark dane 10b. king life, even if retired)	KIND OF BUSINESS OR INDU			7)	12. CITIZEN OF WHA	T COUNTRY
Housekee		wn housework	Maryla	nd		USA	
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
John I	indsay		Annie	King			
S. WAS DECEASED EVE		SOCIAL SECURITY NO.	INFORMANT		Address	Box 22.	7 - 11
(100, 100, or unknown)		None Ro	bert Linds	ay,RFD	1,Frost	burg, Md	
CATE	mmediate the under (c) HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	liar die	rease		PE	AS AUTOPSY RFORMED?
O THE EITHER, NOTIFY 20c. TIME OF INJUR Haur a. m. p. m.	Y Manth, Day, Year 20d. I While		ACE OF INJURY (Hame, fa ctary, street, affice bldg., e		rawn)	(Caunty)	(State)
actual signature PHYSICIAN'S	John B. Davis	9, and that death		AM, fram the ADDRESS (Street,		2	ATE SIGNED
220. BURIAL, CREMATIO	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY C			l (City, tawn, or co		State)
Burial (Specify)	2-8-59	F'bg.Memor:	lal Park	Fros	thurg.		Md.
3. FUNERAL DIRECTOR		ADDRESS	24a. RE	C'D BY REGISTRAR		AR'S SIGNATURE	
Joseph H	R. Durst, Fr	ostburg, Md.	PATE	9 '59	arthur &	. Traces	

			2011
Allegany	fmuly ran		vince all a D
	ngudiaorg	6 Days	Prostburg
	est Street Street		
	Lindsay Febr		elma E T
	May 25th, 188th 7h	Tierran I	olans
130	bnafyrak		mon terestation
	anti otima		John Lindsey
, San Arabect	T, I CTH, yeshald dued	no Ro	o M
	v wbscs6. S.		
			e vel . mo.,
	Prostince.	A.D.	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.: Page QR: After this certificate has been signed by the attending physician and completely filled in by the cachen for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 s the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death etached far use as the burial-transit permit. r the haspital ar attending physician. TO FUNERAL DIRE page 3 should be

VS A15 (4) 15M 10/57

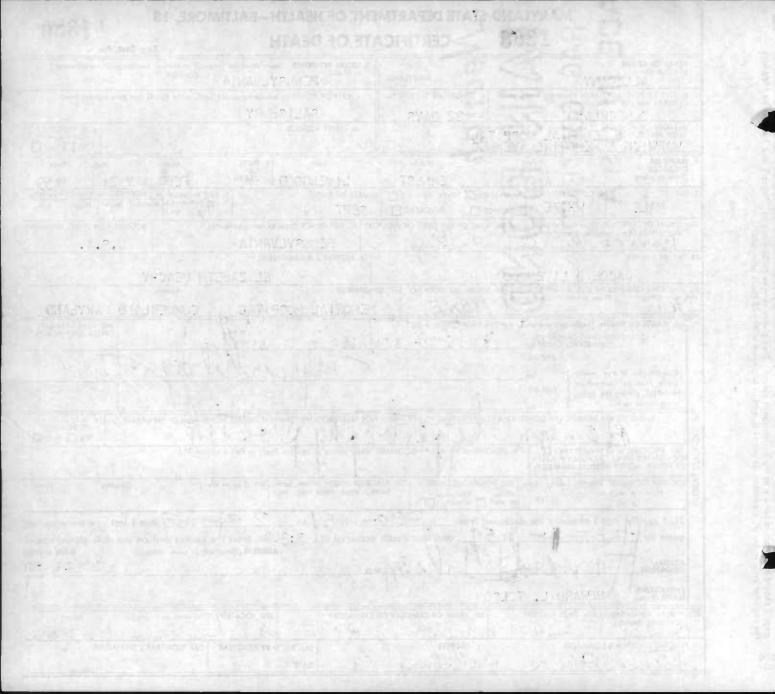
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1368

CERTIFICATE OF DEATH

01380

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY A LLE	GANY	MARYLAND	2. USUAL RESIDENCE (WI		If institution	n- Residence befo	re admission)
b. CITY OR TOWN	(If autside corporate limits, wr	ite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		its, write RU	RAL and give nec	arest town)
RURAL and give r	ERLAND	22 DAYS	SALIS	BURY	7	5 x 3	
d. NAME OF HOSPI OR INSTITUTION	MEMORIAL HOSE	reet address) ITAL NUES	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED	First	Middle	Lost	4. DATE	Monti	Do	y Year
(Type or print)	A	ERNEST	LIVENGOOD	OF DEATH	FEBR	RUARY 21	19 59
5. SEX MALE	1.011175	MARRIED NEVER MARRIED	B. DATE OF BIRTH	, lost	birthday)	Manths Days	IF UNDER 24 HRS. Hours Min.
	The state of the s	106. KIND OF BUSINESS OR INDU	04. 1		yrs.	12 CITIZEN C	F WHAT COUNTRY
during most of wor	rking life even if refired	0 6	PENNSYL			U.S.	
13. FATHER'S NAME	R- (Rehned)	Darking	14. MOTHER'S MAIDEN I		-	0.5	• H •
	COB D LIVENGO	n			II DEAC	HIV	
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES?		NFORMANT	ELIZABET	Addre		
(Yes, ng. or unknown)	(If yes, give war or dates of service)	MONE	MEMORIAL HOS	DITAL		RLAND MA	APVIAND
IB. CAUSE OF DE	ATH [Enter only one cause p	er line for (a)**(b)mrd (c).1	A A	1171	COMIDE		ERVAL BETWEEN
	ATH WAS CAUSED BY:	AL Tomins,	Vonesia	with	. 1	ONS	ET AND DEATH
1422.	IMMEDIATE CAUSE (o) DUE TO	White so se	Envisor -	144	1-11-		
Conditions, if	nau which \		Muni	ANNIAY	dea	Onorul a	10
gove rise to	immediate Dur 70		1109 110	no good	1	7100000	<u> </u>
lying cause last.	The Under-	1	A .	n	1/1		
PART II. OJ		NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE COND	THON GIVE	N IN PART 1(0) 1	
PART II. OT	Lengh	Maperto	worky 2	rosla	W		PERFORMED? YES NO
	AS UNDERLYING 20b. G CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOVY INJURY OCCURRE	D. (Enter nature of injuly in	Part I ar Part II af it	em 18.)		
20c, TIME OF INJUI	, w	od. INJURY OCCURRED 20e. PL hile Not while work of work	ACE OF INJURY (Home, farm ctory, street, affice bldg., etc	20f. (City or taw	n)	(County)	(State)
	hat I attended the dec	eased from /-30	- 19 59 ta	1)-21-	10 54	that I last so	w the deceased
alive on	Λ	The state of the s	occurred at 3:3				
				ADDRESS (Street, cit			DATE SIGNES
ACTUAL	POARA	I IN som	M.D			1	2-22-29
	La mond	30000					
PHYSICIAN'S NAME (Type)	HOWARD L. TO	LSON					
REMOVAL (Specify	ON, 226. DATE THEREOF	22c NAME OF CEMETERY O	R CREMATORY	22d LOCATION (C	ity, town, or	county)	(Stote)
23. FUNERAL DIRECTOR	R'S SIGNATURE	ADDRESS //	240 REC'	D BY REGISTRAR	240 REGIST	TRAR'S SIGNATUR	I- Jenna
Stanlow	mothomas	Hallestonnes	Pa DATEE		7	47 S. France	
- Junivery	HI WAY	7	1			ZI, TVIANU	0



FOR STATE HEALTH DEPT.

al Arritar, Please al Arritar, Page Jor Files. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is ne execute the certificate, withing the word "pending" in pencil in them, 18. Give Pages 1, 2, and 3 to the funeral is 4 should be for added to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to FUNERAL DAZCTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bo are its designated agent, prior to burial, cremation, ar removal, and in any exemp-within 72 hours after death.

VS. AISME 5M 2/57

2

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01381

		700	7							Reg. Dist	J. No.	
1, PLA	CE OF DEATH								ed lived. If insti			mission)
0. 0	AAA	llegany		MA	RYLAND	o. STATE	Mary	land	b. COUN	Y Alle	egany	
	ITY OR TOWN (If and give necrest town)	outside corporate limits, write li	TURAL	c. LENGTH OF STA	Y IN 1b	c. CITY OR	TOWN (If	outside cor	porote limits, writ	RURAL ond g	give neorest	town)
	umberlan	ıd		DOA		02	Cumb	erlan	d			
d. N	IAME OF HOSPITA	L OR INSTITUTION (IF	not in hosp	oital, give street add	ress)	d. STREET A					e. IS	RESIDENCE N A FARM?
Mei	morial H	lospital					638	Fayet	te Stre	et		□ NO 📑
	ME OF EASED be ar print)	Harol	d	Middle	Мс	Atee		4. DATE OF DEATH	Feb		Doy	Yeor 19 59
5. SEX		6. COLOR OR RACE 7	MARRIE	NEVER MARR	IED 8.	DATE OF BIRTH			9. AGE (In years		-	NDER 24 HRS.
Ma	le	White	WIDOWED	DIVORCE	DON	ov. 8,	1906		52 yrs		ays Hours	Min.
10e. US dyrii M	SUAL OCCUPATIOng most of working gr. Rep.	N (Give kind of work do life, even if retired) & Main.	200	IND OF BUSINESS O				or foreign on, Oh		USA		T COUNTRY?
13. FA	THER'S NAME		Ti	re Co.		14. MOTHER'S	MAIDEN N	IAME				-
Bi	nton McA	tee				Mar	y Ha	rlow				
15. W/ Yes, no.		R IN U. S. ARMED FORC	Aice	4-01-2205		FORMANT Irs. Eli	zabe	th Me	AT. 63 63			Street
18.	CAUSE OF DEAT	H [Enter only one cause	per line fi	or (o), (b), and (c).]						cumber	INTERVAL BET	
		H WAS CAUSED BY		Corons	שיים (Occlusi	on.	left			Sudo	**
	420	4		001011		0002.45		2020			Juac	.011
C	onditions, if on	,		Corons	erv S	Scleros	iis				35	
90	ove rise to immedi	inte couse										
), stating the u	(c)_								0.0712		
CATION	PART II, OTH	ER SIGNIFICANT CONDI	TIONS CO	NTRIBUTING TO DE	ATH BUT N	IOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION G	VEN IN PART	1(0) 19. WA	ORMED?
E CA	O. EXTERNAL CAUSE OF DEATH.	SE WAS 20b.	DESCRIBE	HOW INJURY OCC	URRED. (E	nter nature of in	ury in Part	I or Part II	of item 18.)			
MEDICAL 00	c. TIME OF INJUR	Y Month, Doy, Year		NJURY OCCURRED		CE OF INJURY (H			or lown)	(Count	ly)	(State)
WED	Hour a.m.	19	While of war	k of work	tocto	ory, street, office	bidg., erc.)					
	. I certify th	at I took charge	of the re	emoins describ	ed abov	ve, held on	Autopsy	T. 1	nspection 3	Inquiry	TV o	and in my
		esulted fram: No			-		-	lamicide	-	ermined me	FROM.	1
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	CTUAL S	enedict	X	Ktory	0,-1	CHIEF M	EDICAL EX	AMINER [DATE	SIGNED
		- July		TO THE SECOND		_ m.u. ASSISTAN	NT MEDICA	AL EXAMINE	R			
	KAMINER'S AME (Type) "R	enedict S	lei to	relia 1	(D	DEPUTY	MEDICAL E	XAMINER [Teh	17.	1050	
22o. Bl	JRIAL, CREMATION	N, 22b. DATE THEREOF		22c. NAME OF CEM					TION (City, town,			ate)
1000	MOVAL (Specify)	2/20/59		Floral H	111 0	Cemeters	,		T	llinoi		
	NERAL DIRECTOR'S			ADDRESS		V.HO OCI		BY REGIST		ISTRAR'S SIGN		
Jo	hn J. Ha	afer. Cumbe	erlan	d. Marvla	and		DATE =	CD 1 0	59	Thong &	Frank	

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FOR STATE

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VS A15 (4) 15M 10/57

		OF HEALTH—BALTIMORE,	

CERTIFICATE OF DEATH

1107

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1. PLACE OF DEATH o. COUNTY	Allegany		MAR	YLAND	2. USUAL RES	arvla		d lived. If inst b. COU	NTY	dence befor		n)
b. CITY OR TOWN (If outside corporate fimit	s, write	c. LENGTH OF STAY	IN 1b		-		prote limits, wr	-			
	tle Orlea		75 Yrs	3	X Rura	l Lit	tle	Orlean	ns Md			
d. NAME OF HOSPI	TAL (If not in hospital, g	ve street	oddress)		d. STREET	ADDRESS					e. IS RESID	
	Home				Litt	le Or	lean	s Md.			YES 🗌	
3. NAME OF DECEASED (Type or print)	Fin La	' vanr	Middle nah		McDon		4. DATE OF DEATH		Month 2	Day	Ye.	40
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARR	ED B	DATE OF BIRT	гн		9. AGE (In ye		DER TYEAR	IF UNDER	
F	W	WIDOWE	DIVORCE	ED 6	.3.18	73		85	yrs. Month	s Boys	Hours	Min.
10a. USUAL OCCUPATION	ON (Give kind of work of	one 10b.	KIND OF BUSINESS O			1	or foreign c	ountry)	12.	CITIZEN OF	F WHAT C	OUNTRY
during most of wor House	king life, even if retired)		Housev		1 - 2//	nna.				U.S.	Α.	194
3. FATHER'S NAME					14. MOTHER	S MAIDEN N	AME					
Harr	y Clinger	man			3	MMt N	ot K	nown		301		
)5. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FORE	CES? 16.	SOCIAL SECURITY NO). 17. IN	FORMANT				Address			
No	, , , ,		None	Ber	tie L	McDo	nald	Litt:	le Or	lean	s Md	•
	ATH [Enter only one con		ne for (o), (b), and (c)	.]							RVAL BETV	
PART I. DEA	TH WAS CAUSED BY:	ork	d ag	2						011131	LI AIVO D	LAIN
450.0	DUE TO	a		0	-	/	2				10.	
Conditions, if o		00	neralize	el a	Meri	osclo	nosi	7		3	na	-
gove rise to i		10	, 0	1	, 1					1	7	
lying couse lost.	(c)	La	rdiae	for	lune					6	- 8 M	no
PART II. OTI	thitis (OITIONS C	CONTRIBUTING TO DE	ATH BUT N	OT RELATED TO	O THE TERMIN	NAL DISEAS	E CONDITION	I GIVEN IN P	'ART 1(o) 19	PERFORA	WED?
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY C	CCURRED	(Enter noture	of injury in P	ort I or Por	t II of item 1B.	.)			
20c. TIME OF INJUR Hour o. m. p. m.	RY Month, Day, Yea	20d. IN While at work	Not while	20e. PLAG	CE OF INJURY ory, street, office	(Home, farm, te bldg., etc.)	20f. (Cit)	or town)		(County)		(State)
21. I certify th	nat I attended the	decease	ed from Dec	31		8, to J	an.	12 19	9_,that	I last so	w the d	ecease
alive an Ja	n. 12.	_, 19 5	9, and that	death		^ .	PM, fran	m the cause				
	10-1		- m	0			ADDRESS (S	treet, city or to	own, stote)	-11-1		E SIGNE
ACTUAL SIGNATURE	and b / he	ma	11 /11.	// M	p. 12	L Hag	h St	Har	cock	. Md.	2/	1/50
PHYSICIAN'S NAME (Type)	Frank B.	Thom	as TIT	MD					NOTE AND SPECIAL	,	! der #	انو د. کنو د. دایک (
	N, 22b. DATE THEREO		22c. NAME OF CEM	ETERY OR	CREMINIORY		22d. LOCA	TION (City, to	WR. Or county	v)	(Stote)	
REMOVAL (Specify)	2.7.59		Martins									. 16
23. FUNERAL DIRECTOR			ADDRESS	MEGI	TOOT ST	24a. REC'D	BY REGIST		Leans REGISTRAR'S			A MC
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIP TOR: After this certificate has been signed by the attending physician and campletely filled in by the needs of should be to the burial-transit permit. Then please remare carbon papers. Pages 1 and 2 ficuld be filed with the registrar priar to burial, crematian, ar remayal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

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1. PLACE 6 o. COUI	A]	legany		MAR	YLAND		vlar	nd	b. COUNTY	lleg	any	
RURA	L ond give ne			c. LENGTH OF STAY	(IN 1b			outside corporate		RAL ond give	nearest taw	n)
OR II	NSTITUTION	Attithoth hospital, o				d. STREET AC		nut St				FARM?
DECEAS (Type or	ED	EORGE	t Vi •	MORRIS		Last		4. DATE OF DEATH	Month Feb	26		Yeor 19 59
sex ma]	le	6. COLOR OR RACE	7. MARR	NEVER MARR	_	July		188276			EAR IF UND	Min.
during	COCCUPATION MOST OF WORK	N (Give kind af work ing life, even if retired	done 10b.	Jockey	OR INDUST	TRY 11. BIRTHPLA		or foreign country land	у)	12. CITIZE	N OF WHAT	
3. FATHER	'S NAME	TO STATE				14. MOTHER'S	MAIDEN N	IAME				
W	illia	m Morriso	n			C	atne	rine C	lose			
S. WAS D		R IN U. S. ARMED FOR		SOCIAL SECURITY NO	D. 17. IN	FORMANT			Addres	15		
74.7	0			None	Do	rothy	Smit	h (Cumber	land.	Md.	
18. C/		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (c		ne for (o), (b), and (c) Cardio R		Diseas	le.				INTERVAL BE	
	4/X ditions, if or		В	ronchial	Ast	hma.					Io	Yrs
coese	rise to in (o), stoting (couse lost,		Fin	1lepsy	peti	t mal		100			20	Yr
2018		ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BUT N	NOT RELATED TO	THE TERMI	NAL DISEASE CO	NDITION GIVE	N IN PART 1	PERFC	AUTOPS RMED? NO [
) (IF CITI	CCIDENT WA ONTRIBUTING HER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	OCCURRED	. (Enter noture af	injury in f	Part 1 or Part 11 o	f item 18.)	85		
	ME OF INJURY Hour o. m. p. m.	Y Month, Day, Ye	20d. II White at war	NJURY OCCURRED Not while at wark	20e. PLA fact	CE OF INJURY (H ory, street, office	iome, farm bldg., etc.	20f. (City or t	own)	(Cou	nty)	(Stot
21. I alive	certify the	at I attended the	deceas , 19	ed fram De .	c-I9 t death	58, 19 accurred at_	7-5	_M, fram th	e causes an	d an the	t saw the	deced ed abo
SIGNA	TURE	H Wolve	Car	Sr Md	M	I.D	I	ADDRESS (Street, Piedmon	t W Va	ote)	2	727
Bur		3/1/194		22c. NAME OF CEN		crematory lemoria	l Pa	22d. LOCATION	(City, town, or rostbu		(Stat	e)
	ron K		Cı	ADDRESS umberland	d, Mo		240. REC'E	BY REGISTRAR	24b. REGISTI	hun 8, +		

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uneral director, d be filed with

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4

has been signed by the attending physician and completely filled in by vial-transit permit. Then please remove carbon papers. Pages 1 and 2 maval, and in any event within 72 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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		13	70	CERTIF	CAT	TE OF DEATH	-1		Reg. Dist.	No.
	CE OF DEATH	legany		MARYL		. USUAL RESIDENCE (WE o. STATE Mary)		d lived. If institution b. COUNTY		
b. C	CITY OR TOWN (IF	outside corporate limits prest town) umberland	, wrile	c. LENGTH OF STAY II	N 16	c. CITY OR TOWN (IF a		orote limits, write Rinberland	URAL ond give	nearest fown)
d. h	OR INSTITUTION	ul (If not in hospital, gi ylvan Retr		oddress)	1	d. STREET ADDRESS	y Road			e. IS RESIDENCE ON A FARM YES NO
DEC	ME OF CEASED pe ar print)	Firs Jac		Middle Adam		Nazelrod	4. DATE OF DEATH	Mon Feb	ruary	Day Year 8 1959
5. SEX	Male	7.73	7. MARR	RIED NEVER MARRIED DIVORCED	-	10/6/84		9. AGE (In years lost birthdoy) 4 yrs.	Months Da	EAR IF UNDER 24 H
dy	SUAL OCCUPATION Uring most of working Carpenter	ng life, even if retired)		KIND OF BUSINESS OR elf Employ		West Vir		auntry)		OF WHAT COUP
	THER'S NAME John Naze	lrod				14. MOTHER'S MAIDEN P Cather		leaver		
1S. WA (Yes, no		IN U. S. ARMED FORCE yes, give war ar dates of se		SOCIAL SECURITY NO.	17. INFO	bert Nazelı	rod, I	Addi		and, Md.
9	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO y, which mediate DUE TO	He He	150 Jen	ene you	ry Scler arkiel of	Dega	ecceration lerosis	2.	NTERVAL BETWEELDNSET AND DEAT
CERTIFICATION 41) 50 50		30451	m	le soy	cho	OT RELATED TO THE TERMI			EN IN PART 1(a	19. WAS AUTOF PERFORMED YES NO
		Month, Day, Yea	While of war	Not while	PLACE foctor	OF INJURY (Hame, farm y, street, affice bldg., etc	n, 20f. (City	y ar town)	(Cour	nty) (St
AC SIG	CTUAL GNATURE	anes E. Mc	7 12	Leau		., 19, to	M, from	m the causes a treet, city or town,	nd on the	date stated ab
22o. Bl		2/11/59		22c. NAME OF CEMEN Milam Ce				TION (City, town, o	v county)	(State)
23. FUI	NERAL DIRECTOR'S	SIGNATURE		ADDRESS				TRAR 24b. REGIS		

John J. Hafer, Cumberland, Maryland

TO FUNERAL DIRE TO HOSPITAL OR page 3 shauld the registrar price

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FOR STATE HEALTH DEP tory, please tor. Page our files. of Health,

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01386

						Reg. Dist.	No.
I PLACE OF DEATH			2. USUAL RESIDENCE (W	Vhere decease	d lived. If instituti	ion: Residence	before admission)
G. COUNTY	Allegany	MARYLAND	o STATE Mary	land	b. COUNTY	All	egany
b. CITY OR TOWN and give negrest to	(If outside corporate limits, write RU	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corpo	profe limits, write F	RURAL and give	e nearest town)
Cumber	7 1	8 days	02Cumber1	and,			
d. NAME OF HOSE	PITAL OR INSTITUTION (IF no	ot in hospital, give street address)	/d. STREET ADDRESS				e. IS RESIDENCE
Sacre	d Heart Hos	р.	218 S. S	mallw	good St.	,	YES NO
3. NAME OF DECEASED	First	Middle	Lost	4. DATE	Month	D	ay Yeor
(Type or print)	Anna	Mav	Nesbitt	DEATH	Feb.	16	19 59
5. SEX		MARRIED NEVER MARRIED 8	DATE OF BIRTH	9	Smith bush days	IFUNDER TYE	
Female	White	DIVORCED DIVORCED	June 20, 18	397	61 yrs.	Months Days	Hours Min.
100. USUAL OCCUPA	TION (Give kind of work don- king life, even if retired)	e 10b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote	or fareign co	untry)	12. CITIZEN	OF WHAT COUNTR
Cook	king me, even in remed)	Restaurant	Artemas	. Pen	na.	U	.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	NAME			
Je	sse Diehl		Eliz	abeth	Riley		
	EVER IN U. S. ARMED FORCE				Address (Cumber	land. Md
NO g	(it yes, give war or outer or servi	212-18-1463Mrs	. Ethel Ha	milto	n 218 S	.Smal	lwood St
18. CAUSE OF DE	EATH [Enter only one couse	per line for (a), (b), and (c).				II.	HERVAL BETWEEN
PART I, DE	ATH WAS CAUSED BY:	Pulmonary	Embolism				Sudden
825	DUE TO		THE PARTY OF THE P				
Conditions, if		Fracture of Acc	etabulum, rig	ght		1	3 days
gove rise to imm	nediote couse						
(a), stoting the	(c)_	Dislocation of	hip, right			18	8 days
Z PART II. C	THER SIGNIFICANT CONDITI	IONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM!	NAL DISEASE	CONDITION GIVE	N IN PART 1(o	
Ž.							PERFORMED?
PART II, CO	AUSE WAS 20b. I	DESCRIBE HOW INJURY OCCURRED. (E	nter nature of injury in Part	I or Port II o	if Item 18.)		X
	H.	Automobile Acc	ident (rt # c	56 Near	Pleasan	tville	Pal
3 20c. TIME OF IN.	JURY Month, Day, Year	20d. INJURY OCCURRED 20e. PLACE	CE OF INJURY (Home, form	1, i 20f. (City o	or fown)	(County)	(State)
9:30 p. n	Feb. 8 1950	AALHIN LAOL MILLS	ory, street, office bldg., etc. ighway		easantv	ille	Bedford
		f the remains described aba				Inquiry D	(), and in m
		tural causes . Accident	_				
	^	01 1	<u>.</u> ,,				
ACTUAL SIGNATURE	3 and t	Sk. taralia)	M.D. CHIEF MEDICAL EX	AMINER [DATE SIGNED
SIGNATURE 7			ASSISTANT MEDICA	AL EXAMINER			
EXAMINER'S NAME (Type) Be	enedict Skitar	celic. M.D.	DEPUTY MEDICAL I	EXAMINER	Feb. 1	6. 195	9
220. BURIAL, CREMAT	ION, 226. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATI	ION (City, Iown, or	-	(Stote)
REMOVAL (Speci Burial	(1) 2/19/59	Zion Memor:	ial Cem.		berland		
23. FUNERAL DIRECTO	OR'S SIGNATURE	ADDRESS		D BY REGISTR		TRAR'S SIGNA	4
H. Wayr	ie George (Cumberland, Md.		ER 1 8 "	59	8 g	Kina

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If ony delay is ne execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should be for the Chief Medical Examiner's Office along with farm PM3. Page 5 may be relained for FUNERAL DIXZTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State 80 or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death. VS. A15ME 5M 2/57

LLANGUAGE EXAMINARYS CENTRICATE OR DEATH The sales of the second of the sales and the sales are sales as the sales of the sales of the sales are sales as AND STREET STREET, STR AND AND AND RESIDENCE OF THE RESIDENCE O

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No ALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 autside corporate limits, write RURAL and give nearest Jown) OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? YES NO P NAME OF DECEASED Month Doy Year (Type or print) Frank Nichols DEATH 1959 Feb. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In year) IFUNDER TYEAR IF UNDER 24 HES. Months Doys Hours WIDOWED DIVORCED p. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRT during most of working life, even is retired) 12. CITIZEN OF WHAT COUNTRY? and 13. FATHER'S NAME 14. MOTHER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY Hemopneumothorax. left 30 Min. IMMEDIATE CAUSE (a) DUE TO Crushed chest. left Conditions, if ony, which 30 Min. gave rise to immediate cause **DUE TO** (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? NO V 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) Automobile Accident 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or fown) (County) (Stote) factory, street, affice bldg., etc.) 19 50 at work at work Near Rawlings Md Alleg Md. 21. 1 certify that I taok charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my Srded CTOR: opinion death resulted from: Natural causes , Accident K, Suicide , Homicide , Undetermined manner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) Benedict Skitarelic, M.D. DEPUTY MEDICAL EXAMINER Feb. 23, 1959 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d_LOCATION (City, Jown, or county) (State) FUNERAL DIRECTOR'S SIGNA 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 5M 2/57

ENCAPEDE ENAPHUS ROMERCE CETAR GUALVALA ATTEMPT OF THE PROPERTY OF THE PARTY OF THE The same of the sa

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death certificate be executed

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15. '(Yes.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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YES NO

(Stote)

1373	CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY J.EGANY COUNTY J.EGANY C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CIT/BERIAND C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CIT/BERIAND C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERIAND CUMBERIAND C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERIAND CUMBERIAND d. STREET ADDRESS OR INSTITUTION SACRED HEART HOSPITAT, AIAME OF ECCASED (STREET ADDRESS) OF DEATH FIRST Month Day Yeor OF DEATH FEB ADA Blanche EX 6. COLOR OR RACE WHITE WIDOWED DIVORCED MARCH AIAME OF BUSINESS OR INDUSTRY [1]. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAL COUNTRY 13. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ALLE WHITE C. LENGTH OF STAY IN 1b ALLE WHITE C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ALLEGANY C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (I
CUMBERIAND 25 DAYS CUMBERIAND ANAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION SACRED HEART HOSPITAL ADA Blanche PARKER 6. COLOR OR RACE WHITE WIDOWED DIVORCED CUMBERIAND CUMBERIAND A. STREET ADDRESS O. A. STREET ADDRESS O
AME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION SACRED HEART HOSPITAL 112 N. SMALLWOOD ST 12 N. SMALLWOOD ST 13 PARKER 14 DATE OF DEATH 19 SPECIAL SET OF BIRTH 19 AGE (In years lost birthday) 19 SPECIAL SET OF BIRTH 19 AGE (In years lost birthday) 19 SPECIAL SET OF BIRTH 20 SPECIAL SET OF
ADA Blanche PARKER DEATH FEB 19 59
6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH NOTE 1 YEAR IF UNDER 14 HRS. MARCH 31, 1885 9. AGE (In years lost birthday) 73 yrs. Months Days Hours Min.
IISHAL OCCUPATION (Give kind of week does 10), VIND OF BUSINESS OR INDUSTRY 13 BIRTHRIAGE (C.)
USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) HOUSEWIPE Own home Hazen, Md. 12. CITIZEN OF WHAT COUNTRY U. S. A.
CLARENCE CLITES (DECEASED) 14. MOTHER'S MAIDEN NAME Hannah Welsh (DECEASED)
NAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No. (If yes, give wor or dottes of service) No. (If yes, give wor or dottes of service)
18. CAUSE OF DEATH [Enter only one couse per line for (Descend (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute/ventricular failure INSTAND DEATH INSTAND INSTAN
Conditions, if ony, which gave rise to immediate (b) Myocardial fibrosis with decompensation 4 weeks
couse (a), stating the under- lying couse lost. (c) Coronary arteriosclerosis, left ventricular phyertrophy? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PELATED TO THE TERMINAL DISEASE CONDITION CONTRIBUTING TO DEATH BUT NOT PELATED TO THE TERMINAL DISEASE CONDITION CONTRIBUTING TO DEATH BUT NOT PELATED TO THE TERMINAL DISEASE CONDITION CONTRIBUTING TO DEATH BUT NOT PELATED TO THE TERMINAL DISEASE CONDITION CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT PELATED TO THE TERMINAL DISEASE CONDITION CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT PELATED TO THE TERMINAL DISEASE CONDITION CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT PELATED TO THE TERMINAL DISEASE CONDITION CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT PELATED TO THE TERMINAL DISEASE CONDITION CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT PELATED TO THE TERMINAL DISEASE CONDITION CONTRIBUTIONS CON

	CAUSE (o) Acute/ventricular failure	Instantly
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Conditions, if ony, which	(b) Myocardial fibrosis with decompensation	4 weeks
gave rise to immediate (DUE TO	
lying cause lost.	(c) Coronary arteriosclerosis, left ventricular p	hyertrophy ?
PART II. OTHER SIGNIFIC	ANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	IN PART 1(0) 19. WAS AUTOPSY PERFORMED?

and attack of acute left ventricular failure, I week 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

CERTIFICATION MEDICAL 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20f. (City or town) Not while (County) factory, street, affice bldg., etc.) o. m. al work of work

21. I certify that I attended the deceased from Jan 9. 19_59, to Feb. ..., 19 59, that I lost saw the deceased and that death occurred ot 8:40A.M., from the couses ond on the date stated above ADDRESS (Street, city or town, state) DATE SIGNED

ACTUAL 50 Pershing St., Cumberland, Md. PHYSICIAN'S

50 Pershing St., Cumherland, Md. Samuel Jacobson 22b. DATE THEREOF 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify)

Burial Sunset Memorial Cumberland, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE Charles L. Ge ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE L. George Cumberland, Md.

rebon pop has been signed by crematian, ar remayal, and Setached for use as the burial-transit the registrar prior TO FUNERAL DIP page 3 should b

TO HOSPITAL OR VS A15 (4) 15M 10/57

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CERTIFICATE OF DEATH

1374

01389

Reg. Dist. No.

n. PLACE OF DEATH					2. USUAL RES	IDENCE (Who	ere deceased liv	ved. If institutio	n: Residence be	efore admis	sion)
ALLEGANY			MARYL	AND	O. SIMIE	MAR	YLAND	b. COUNTY	ALLEG	ANY	
b. CITY OR TOWN (II RURAL and give ne	f outside corporate lim	its, write	c. LENGTH OF STAY II	N lb	c. CITY OR	TOWN (If or	otside corporate	e limits, write RL	JRAL and give	nearest tow	n)
CUMBERLAN			30 DAYS	3.	02	CIMB	ERLAND				
d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospital, s	give street o	address)		d. STREET	ADDRESS					SIDENCE
SACRED HE	ART HOSPIT.	AL			3	I BON	D STREE	ar .			FARM?
3. NAME OF DECEASED	Fi	rst	Middle		Lo	st	4. DATE	Mont	h	Day	Year
(Type or print)	AMANDA		Marie		P	ERSCH	OF DEATH	FEF		5	19 59
5. SEX	6. COLOR OR RACE	7. MARRI	EOM NEVER MARRIED	П	. DATE OF BIRT	н 1890	9.	AGE (In years	IF UNDER 1 YE	AR IF UND	
FEMALE	WHITE	WIDOWE			FEB.	1. 388		last birthdoy)	Months Day	s Haurs	Min.
10a. USUAL OCCUPATIO	N (Give kind of work	done 10b. I	KIND OF BUSINESS OR	INDUS		LACE (State of	or foreign coun	try)	12. CITIZEN	OF WHAT	COUNTRY
HOUSEWIL	ing life, even if retired 民民)				MARYL	AND Cum	berland	us us	SA	
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME				
CHARTES 1	ROSENMERKL	e (De	CEASED)		BAI	RBARAL	AVMAN	(DECEA	CED)		
15. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16. S	SOCIAL SECURITY NO.	17. IN	FORMANT	المراج في المراج في المراج	STATISTA	Addre	/		
NO (Yes, no, or unknown)	If yes, give war or dates of s	ervice)	none		DAT	TIENTS	CHART				
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	TH WAS CAUSED BY:	ouse per IIn	e far (o), (b), and (c).]	11	/	. 0	1			NTERVAL BI	
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Z PART II. OTH		7	ONTRIBUTING TO DEAT	TH BUT I	NOT RELATED TO	O THE TERMIN	AL DISEASE CO	ONDITION GIVE	N IN PART 1(o)	19 WAS	AUTOPSY
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20a. ACCIDENT WA	S UNDERLYING [7]	20b. DESC	RIBE HOW INJURY OC	CURRED	(Enter noture o	of injury in P	ort Lor Port II.	of item 19)		1E3 [NO D
PART II. OTH 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH		MODELLO MODELLO CO	CORRED	. (ciner notore c	, injury in 7	577 T GT 7 GT 8 TT	or trem to.			
	Month, Day, Yes	nr 204 IN	JURY OCCURRED 2	On PIA	CE OF INJURY (None form	205 (City	4	10		10
20c. TIME OF INJURY Hour o. m.		While	_ Not while _	fact	ory, street, office	e bldg., etc.)	201. (City of	town)	(Count	(y)	(State)
₹ p. m.	19	ot work	of work								
21. I certify the	at Lattended the	decease	d fram.		19.44	to	2-5	- 19.54	that I last	saw the	decease
alive an	2.4-	125	and that a	eath	accurred at	9294	M from t	he causes ar			
	MO		7-					, city or pwn, s			ATE SIGNE
ACTUAL SIGNATURE	- W. 100	P		1	140	ina.	00	7/	Mark	1.11	11-1-5
SIGNATURE	7	V	XXX	N	.D. J. D.	- Well	Lokfl		Cach la	24/1	1923
PHYSICIAN'S NAME (Type)	nes f. John	nson.	Jr., MD/		16/1	Freene	St., C	Cumberla	nd.Md.		
220. BURIAL, CREMATION	N, 22b. DATE THEREC)F	22c. NAME OF CEMET	ERY OR				V (City, town, or		(Stot	
REMOVAL (Specify) Burial	2/7/59	G GE	Greenmoun					land, M			e)
23. FUNERAL DIRECTOR'S			ADDRESS	3 30	Jane del y		BY REGISTRAR	7	TRAR'S SIGNAT		
John J. I	lafan Cum	hanle	and. Marvl	on d		DATE FEE			hun & the		
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VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01390 Rea. Dist. No.

	v .	MARYL	- 11						
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e Street				129 Maple	* Stree	t		,	YES NO M
First		Middle Wugh		Lost Pengahal	4. DATE OF DEATH			Day	Year 1959
	7. MARRIE		□ 8. D.					YEAR IF	UNDER 24 HRS
Name .			-			60 yrs.			laurs Min.
ON (Give kind of work dog life, even if retired) 10yed			NDUSTRY				12. CITI2		SA
			1.	. MOTHER'S MAIDEN	NAME				
Reuschel				Anna Hart	tung				
ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFC	RMANT		137AdMa	ple S	tree	t
(If yes, give war or dates of se	rvico	NONE	Mrs	. Raymond	Snyder	Cumber	land,	Mar	yland
	e per line l	for (a), (b), and (c). }						INTERVAL ONSET A	L BETWEEN
H WAS CAUSED BY:		Coronar	y Oc	clusion				Su	adden
DUE TO									
ny. which (b)		Corona	ry S	clerosis					-
(c)_									3 (
IER SIGNIFICANT COND	ITIONS CO	INTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TER	MINAL DISEASE	CONDITION GIV	EN IN PART	1	PERFORMED?
USE WAS NTRIBUTING [] 206	. DESCRIBE	HOW INJURY OCCUR	RED. (Ente	r nature of injury in Pe	ort I ar Part II o	of item 18.)			L NO N
RY Manth, Day, Yeor	While	Not while	e. PLACE factory,	OF INJURY (Home, fai , street, affice bldg., et	rm, 20f. (City	or town)	(Covi	nty)	(State)
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Renedici	+,8,	Larele	c/A					D	ATE SIGNED
enedict S	kita	relic. M.	D.				28	195	59
N. 226. DATE THEREOF		22c. NAME OF CEMETER	RY OR CR			ION (City, town, o	or county)		(State)
'S SIGNATURE		ADDRESS		240. REC	C'D BY REGISTE	RAR 24b. REGIS	TRAR'S SIG	NATURE	
lafer, Cumb	erla	nd, Maryla	nd	DATE	AR 3 '59	9 au	Chury 8 3	Fraces	104,00
	Cumberland AL OR INSTITUTION (IF E Street John 6. COLOR OR RACE White DN (Give kind of work of glife, even if refired) DO (Give k	Allegany outside corporate limits, write BURAL Cumberland AL OR INSTITUTION (If not in hose e Street First John 6. COLOR OR RACE White Whowel White WIDOWEL Whole was if retired ployed Ca Reuschel ER IN U. S. ARMED FORCES? Inc. (If yes, give wor or dates of service) DUE TO My. which interpreted (c) SEE WAS NITIBUTING RY Manth, Day, Yeor White interpreted (c) CA CA Reuschel ER IN JOB ARMED FORCES? Inc. White interpreted (c) DUE TO My. which interpreted (c) CA CA Reuschel ER IN JOB ARMED FORCES? Inc. White interpreted (c) CA CA CA CA CA CA CA CA CA C	Allegany C. LENGTH OF STAY II Cumberland Year AL OR INSTITUTION (If not in hospital, give street address e Street First Middle John Hugh 6. COLOR OR RACE MARRIED NEVER MARRIED White WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED ON (Give kind of work done of service) Carpenter Reuschel ER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yen, give wor or doles of service) NO. Which COPONA DUE TO COPONA MARRIED COPONA THE (Enter only one cause per line for (a), (b), and (c).] H. WAS CAUSED BY: COPONA DUE TO COPONA DUE TO COPONA Now which COPONA Northibuting COPONA Value Copona DUE TO Copona DUE TO Copona ON Manth. Day, Yeor 20d. INJURY OCCURRED Northibuting Northibu	Allegany . MARYLAND Courside corporate limits, write BURAL C. LENGTH OF STAY IN 16 Cumberland Years AL OR INSTITUTION (If not in hospital, give street address) Le Street First Middle Hugh 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. D. White WIDOWED DIVORCED Jun 10 Jun 10 Jun 10 Jun 10 ON (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY Carpenter ON (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY Carpenter Reuschel Carpenter L. Marked Forces L. Marked L. Mark	Allegany MARYLAND STATE Mary STATE Mary STATE Mary STATE Mary C. CITY OR TOWN C. C. CITY OR TOWN C. C. CITY OR TOWN C.	Allegany MARYLAND STATE Maryland STATE Maryland STATE Maryland STATE Maryland CITY OR TOWN (If outside corporate limin, write BURAL LENGTH OF STAY IN 1b CITY OR TOWN (If outside corporate limin, write BURAL CITY OR TOWN (If outside corporate limin, write BURAL CITY OR TOWN (If outside corporate limin, write BURAL CITY OR TOWN (If outside corporate limin, write BURAL CITY OR TOWN (If outside corporate limin, write BURAL CITY OR TOWN (If outside corporate limin, write BURAL CITY OR TOWN (If outside corporate limin, write BURAL CITY OR TOWN (If outside corporate limin, write BURAL CITY OR TOWN (If outside corporate limin, write BURAL CITY OR TOWN (If outside corporate limin, write BURAL DATE DAT	Allegany Maryland b. COUNT contide corporate limits, write BUNAL control corporate limits, write BUNAL c. LENGTH OF STAY IN 16 Jumberland b. C. CUTY OR TOWN (If outside corporate limits, write BUNAL c. CETY OR TOWN (If outside carporate limits, write BUNAL c. CETY OR TOWN (If outside carporate limits, write BUNAL c. CETY OR TOWN (If outside carporate limits, write BUNAL c. CETY OR TOWN (If outside carporate limits, write BUNAL c. CETY OR TOWN (If outside carporate limits, write BUNAL c. CETY OR TOWN (If outside carporate limits, write BUNAL c. CETY OR TOWN (If outside carporate limits, write BUNAL c. CETY OR TOWN (If outside carporate limits, write BUNAL c. CETY OR TOWN (If outside carporate limits, write BUNAL c. CETY OR TOWN (If outside carporate limits, write BUNAL c. CETY OR TOWN (If outside carporate limits, wri	Allegany Maryland b. COUNTY Alle of STATE MARYLAND b. COUNTY Alle control corporate limit, write SUPAL c. LENGTH OF STAY IN 11b years 129 Maple Street First Middle 129 Maple Street First Middle Reuschel Street First Middle Reuschel Phint Peb 28 129 Maple Street First Middle Reuschel Phint Peb 28 No. COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH 9. AGE [to read load for book done of year if refired of year if ye	Allegany MARTIAND 2. USUAL RESIDENCE (Where decoded food. In country Allegan; evited corporate kinch. while RURAL and give necessing the company of the country of the company of the country of th

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VS. A15ME 5M 2/57

			NT OF HEALTH—E
P. PLACE OF DEATH O. COUNTY Allegany		MARYLAND	2. USUAL RESIDENCE (Where do o. STATE Mary Lan
b. CITY OR TOWN jit outside and give nearest town)	de carporate limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If oulside

ARYLAND ST	ATE DEPARTMENT OF HEALTH—BALTIMORE,	18
MEDICAL	EXAMINER'S CERTIFICATE OF DEATH	

01391 Reg. Dist. No.

t.	LACE OF DEATH COUNTY Allega	nv		MARYLANI	O STATE	20	7 7	d lived. If institu		before odm	ission)
-		outside carparate limits, wri	te PUPAL	c. LENGTH OF STAY IN 18		Mary		orole limits, write	ALLE	gany	· · · ·
	and give nearest town)		- WORKE	70	2.0				KOKAL OND GI	ve neorest to	own)
-	Cumberl			30 yrs.	U. ph.		erlan	.a			
1	. NAME OF HOSPITA	AL OR INSTITUTION	(If not in hos	pital, give street address)	d STREE	T ADDRESS					A FARM?
	Willia	ms Road				209	Mary	St.		YES	NO 🔯
	NAME OF DECEASED	Fi	rst	Middle	L.	ast	4. DATE OF	Montl	h	Doy Y	lear .
	(Type or print)	Tho	mas	W	Ric	9	DEATH	Feb.	26	5 1	9 59
5. 5	SEX	6. COLOR OR RACE	7. MARRI	ED 🖾 NEVER MARRIED 🗌	B. DATE OF BIR	TH		9. AGE (In years lost birthday)	IF UNDER TY	EAR IF UND	ER 24 HRS.
	Male	White	WIDOWE	D DIVORCED	Nov.	5. 19	12	46 yrs.	Months Da	ys Hours	Min.
10o		N (Give kind of work	done 10b.	CIND OF BUSINESS OR INDU	STRY 11. BIRTH	PLACE (Slole	or foreign co	ountry)	12. CITIZEI	N OF WHAT	COUNTRY?
		er Inspe				vd St			USA		
-	FATHER'S NAME	Cr THOPC	0001	Ittel Li Odd		'S MAIDEN N		. What a	1 3000		
	17 2	III Din						m n c on			
15	Maurice	R IN U. S. ARMED FO	DCES 14	SOCIAL SECURITY NO. 17.	INFORMANT	er ve	Le DT	mpson			
	, no, er unknown)	If yes, give war or dates of						Address	4 7	7 34	
	no				Irs. Ma	urice	W. R	lice, Cur	aber La	nd, M	id.
		H [Enter only one co	use per line	for (a), (b), and (c).]						INTERVAL BETWE	EEN! ATH
	PART I, DEAT	H WAS CAUSED BY:)	Asphyxiati	on				200	10-1	
	973.1	DUE TO						7			
	Conditions, if or	12.1 V		Carbon Mor	es tron	Poiso	ning			10-1	L5 Mir
	gove rise to immed	liote couse		041 0011 11101	TOXI GO	10150	HITTIE			70-1	ro MITI
	(a), stating the u										
7		FR SIGNIFICANT CON		ONTRIBUTING TO DEATH BUT	NOT PELATED	O THE TERM	NIA! DICEACE	COMPITION CIV	ENI INI DADY 1	-1/20 14/45	ANTOREY
CERTIFICATION	PARI II, OTH	EK 310141FICXI41 COL	ADITIONS CC	DIALKIBOTHAG TO DEATH BUT	NOI KEENIED	O THE TERMI	MALDISEASE	CONDITION GIV	EN IN PART I	PERFC	RMED?
2										YES X	NO 🗌
RTIF	PRIMARY TO CON	SE WAS 2	Ob. DESCRIB	E HOW INJURY OCCURRED.				of item 18.)			
	CAUSE OF DEATH.			Suicide	(Auto	gas	inhal	ation)			
MEDICAL	20c. TIME OF INJUR	Y Month, Day, Ye		INJURY OCCURRED 20e. PI	ACE OF INJURY	(Home, form	20f. (City	or lown)	(County	1)	(Stote)
AED	FIDOLO CONTIL	Feb. 2619	59 While	THOU WILLIAM	ctory, street, off uicide			berlan	2 477	0 1	12
1	The second secon			remains described ob			, [V] la	Der Tan	In a view	OZ IV	
								-			d in my
	opinion death	resulted from:	Natural	couses . Accident	L, Suici	de X,	fomicide	, Undete	rmined ma	nner	
	1	2 -	0 K	1'1-1						DATES	IGNED
	SIGNATURE	endec	TVK	Estarelia	_ M.D. CHIEF	MEDICAL EX	AMINER			PAIS 2	MOINTE
	EWALIAMAN				ASSIS	TANT MEDICA	AL EXAMINER				
	EXAMINER'S NAME (Type) B	enedict :	Skita	relic, M.D.	DEPU	TY MEDICAL E	XAMINER T	Feb	. 27.	1959	
220	BURIAL CREMATIO	N. 226. DATE THERE		22c. NAME OF CEMETERY C			22d. LOCAT	ION (City, town,		(State	e)
	REMOVAL (Specify) Burial	3-21	959	Sunset Mer	norial	Park	Cun	berlan	d. Md.		4 16
23.	FUNERAL DIRECTOR		المالية المالية	ADDRESS			BY REGISTR		STRAR'S SIGNA		
	Tomos	T Sasar	illa	,Cumberland	. Md .	9.55	2 5	110	They I A		
	James	T. Dogit	LLLL	, odiliber zenia	, 111.00	DATE	er L J	():	1 1 1 1	a alles	

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TO FUNERAL DI page 3 should be TO HOSPITAL OR

VS A1S (4) 15M 9/55

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1401

CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY	Allegany		MARYLAND	2. USUAL RESIDENCE (WHO I STATE AND I STAT	d. b	If institution	Residence be	efore admis	sion)
b. CITY OR TOWN (I RURAL ond give no	f outside corporate limi eorest town) Frostbur		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	outside corporate lim	its, write RUI	RAL and give i	nearest tow	n)
OR INSTITUTION	iners Hos			d. street Address Jackson	Street				SIDENCE FARM? NO
3. NAME OF DECEASED (Type or print)	JAME		Middle	RICHMOND	4. DATE OF DEATH	Month Feb		o _{ay}	Yeor 19 59
5. SEX Male	6. COLOR OR RACE White	7. MARR	IED NEVER MARRIED DIVORCED	B. DATE OF BIRTH Sept. 8th 18	94 9. AGE		FUNDER 1 YE.		ER 24 HRS. Min.
10a. USUAL OCCUPATION during most of work Self Empl 13. FATHER'S NAME	king life, even if retired	1	kind of Business or Indu Business	Lonacon 14. MOTHER'S MAIDEN N	ing		U.S.		COUNTRY?
	iam Richn	ond		Hannah I					
	R IN U. S. ARMED FOR	CES? 16.		INFORMANT	0	Addre	15		
Yes Wor	ld War #	1 2	20-10-1774 N	rs. Estella	Richmon	nd,	Lonaco	oning	, MD
	ATH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (c	N	ne for (o), (b), and (c).]	Occlu	(WIF)	E)		NTERVAL BI	DEATH
Conditions, if o		(Y	Lugina	Pectore	1			18 2	NOS.
gove rise to i codse (a), stating lying cause lost.		1	enteriosa	(ecosi)				yeo	w
PART II. OTH	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONE	OITION GIVE	N IN PART 1(a)	19. WAS PERFO YES	RMED?
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in I	Port t or Part II of it	lem 1B.)			
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	20d. It While at work	Not while fo	ACE OF INJURY (Home, farm ctory, street, office bldg., etc.	.) 20f. (City or tow	n)	(Count	(Y)	(Stote)
alive onACTUAL SIGNATURE	at I attended the	decease 19		occurred at 8:30	M, from the ADDRESS (Street, cit	causes an	d an the c	date stat	deceased ed abave ATE SIGNED
PHYSICIAN'S NAME (Type)	たらんした	R. I	MILES (K	Jones	acom	4	n	10.	
220. BURIAL, CREMATIC REMOVAL (Specify) BUR LAL)59	Hillcrest		22d. LOCATION (C	_		(Stol	e)
23. FUNERAL DIRECTOR			ADDRESS		D BY REGISTRAR		RAR'S SIGNAT		HE
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law requires that the death certificate be executed within 24 haurs after death. Page 4

directo	1		PLACE OF DEATH D. COUNTY	Allegany	MARYLAND	2. USUAL RESIDENCE (W. o. STATE Mary:	here deceased lived. If institution b. COUNTY	n: Residence before admission) Allegany	
funeral of fill be fill)		RURAL ond give no Cumber 1		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporote limits, write RU Cumberland		
d 2 share	91		d. NAME OF HOSPIT	AL (If not in hospital, give street of legany County		/d. STREET ADDRESS	Glen Street	e. ts residen On a far Yes \(\) No	SWS-
rilled in jes 1 an			NAME OF DECEASED (Type or print)	Ralph	Middle M •	Ridgely	4. DATE Monti	- 1	59
pletely i			Male	6. COLOR OR RACE 7. MARR WIDOWE	DIVORCED	12/14/1889	5 lost birthdoy) 73 yrs.	Months Doys Hours	HRS Min.
and cam ban pape	1	R	etired -	ON (Give kind of work done 10b. king life, even if retired) R.R. Engine	kind of Business or inc	d Ridgely,	W. Virginia	U. S. A.	JNTR
physician a smave carb haup other				les M. Ridge			I. Brant		
fing physe remo		15. Yes	No,		16-22-6275		ox 599 Addre unty Infirman	Cumberland, y Records	Md
requires that the alean is signed by the attents sit permit. Then pleaned in any event within				mmediate (Chrone Seein	al Hen	corrfagh carditi	INTERVAL BETWE ONSET AND DEF	EN TH
physicial physicial particular peer properties peer peer properties peer prope	0	FICATION		ER SIGNIFICANT CONDITIONS C	nosta	tities		N IN PART 1(o) 19. WAS AUTO PERFORME YES NO	D?
ottending rtificate ss the bu			OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR	MEDICAL EXAMINER)		ED. (Enter noture of injury in			
ital ar or this cer ar use o		MEDIC	Hour a.m.	While	Not while of work	PLACE OF INJURY (Home, form actory, street, office bldg., etc	:.)	(County) (Stote
retained the hosp AL DATOR: After hould be detached for than prior to burial,	1		actual SIGNATURE	at I aftended the decease 14/59 , 19 Accels To r. James E. M	and that deal of the control of the	2mb 49 Gree	2/14/59, 19 PaM, from the couses or ADDRESS (Street, city or town, step Street and, Marylan	2/16/59	bay
may be to FUNER page 3 s			BMOYAL (Specify)	N, 22b. DATE THEREOF 2/17/59	22c. NAME OF CEMETERY Hillcrest	or CREMATORY Burial Par	22d. LOCATION (City, town, or k Cumberlan	county) (Stote)	
VS A15 (4) 15M 10/57	8	23. 1	Charles	L. George C	umberland,	Md. 240. REC	D BY REGISTRAR 24b. REGIST	RAR'S SIGNATURE	
	4								

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

1377

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Reg. Dist. No.

	NI OF HEALTH—BA			
			C. Philipping	
TORROLLA THE				
De al Cocke		45/22/		
	200 DCS 10	Section 1	Single Street	ate?
Pobenicie III,			Conser F	
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A COLUMN TO A COLUMN				
	I I TOURS		Coreta .	2 2000
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funerol director,

and completely filled in by bon papers. Poges 1 and 2

death. Page

NTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hour

If the hospital ar attending physician.

*TOR: After this certificate has been signed by the attending physician detached for use as the burial-transit permit. Then please remove carl

ond in ony event within 72

ta burial, crematian, ar remaval,

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01394

1402

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Allegany	MARYLANI	O STATE	NCE (Where decease	d lived. If instituti b. COUNTY		
RURAL ond give	N (If outside corporate limits nearest town)	, write c. LENGTH OF STAY IN 1	100	WN (If outside corpo		RURAL ond give ne	earest town)
d NAME OF HOS	PITAL (If not in hospitol, given ners Hospi	e street address)	d. STREET ADD	oress 25 Washi	ngton S	t.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	VINCENT First	ISADORE	RIEG	4. DATE OF DEATH	Feb.	14,	Yeor
s. sex male	reháta	7- MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH	, 1877	9. AGE (In years log birthday) yrs.	Months Doys	R IF UNDER 24 HE Hours Min.
during most of w	TION (Give kind of work do porking life, even if retired) Aach Rigger	Celanese Co		aryland	country)	12. CITIZEN O	S . A .
	CHARLE RIES	ES? 16. SOCIAL SECURITY NO. 213-05-7096	INFORMANT Bernard I	rolyn Mi Harđen,		rg, Md.	
	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO i ony, which immediate	se perfline for (a), (b), and (c).]	ling !	Fort Color	7		TERVAL BETWEEN ISET AND DEATH
VOLVE PART II. C	st. (c).	ITIONS CONTRIBUTING TO DEATH I	ty			VEN IN PART 1(0)	19. WAS AUTOPS PERFORMED? YES NO
OR CONTRIBUTING (IF EITHER, NOTIL) 20c. TIME OF INJ Hour a.m.	NG CAUSE OF DEATH IFY MEDICAL EXAMINER) IURY Month, Day, Year 10		PLACE OF INJURY (Ho factory, street, office b	ome, form, 20f. (City		(County	r) (Stor
	that I attended the 2-14- The C. Di	1959, and that dec			the causes are street, city or town,	nd on the dat	w the decease te stated abav DATE SIGN
22a. BURIAL, CREMAT REMOVAL (Speci Burial	TION, 22b. DATE THEREOF	22c. NAME OF CEMETER		22d. LOCA	TION (City, town,	or county)	(State) Md.
23. FUNERAL DIRECTO J. R.	Durst,	ADDRESS	2	ATEB 1 8 '59	TRAR 24b. REG	ISTRAR'S SIGNATU	

TO HOSPITAL OF AT may be retain your TO FUNERAL Directly page 3 shauld be do the registrar prior to VS A1S (4) 15M 9/SB

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		gardinare	j days	speldsort	
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25		fer or brin			
		Cot. 21, 1577, 81	v=1 2.	main white	
		eg. Herristin eg	Olemen Co	regnia. Mach. Birger	
		Carolyn it ler		geld length	1
	. Att .21	Bornsrd Marden, Paperleu	121,2m05m7696		
		and plan of the No.	A Second	W BEST CHE	
		Proceedings, Hd.		eku o ji	
	bil systam	Camptort Carrett Co			
				in Insert.	

VS A15 (4) 15M 10/57

MARYLAND	STATE em 8	DEPARTA FilmG23	MENT OF	HEALTH-	-BALTIMORE,	18
1 0	Can O	111102		77 60		

RURAL ond give Climber d. NAME OF HOSP OR INSTITUTION Sacred 3. NAME OF DECEASED (Type or print) 5. SEX Male 100. USUAL OCCUPAT	(If outside corporate limits learest fown) Land TAL (If not in hospital, giv Heart Hospit First	ve street od	MARYL :. LENGTH OF STAY I 10 Day dress)	AND N 1b	2. USUAL RESIDENCE (* o. STATE Marylan c. CITY OR TOWN (I	d	b. COUNTY	All	egan	ıy	on)
b. CITY OR TOWN RURAL and give Cumber d. NAME OF HOSP OR INSTITUTION Sacred 3. NAME OF DECEASED (Type or print) 5. SEX Male 100. USUAL OCCUPAT	(If outside corporate limits learest fown) Land TAL (If not in hospital, giv Heart Hospit First	ve street od	E. LENGTH OF STAY I	N lb	c. CITY OR TOWN (
RURAL ond give Climber d. NAME OF HOSP OR INSTITUTION Sacred 3. NAME OF DECEASED (Type or print) 5. SEX Male 100. USUAL OCCUPAT	land TAL (If not in hospitol, giv Heart Hospit First	ve street od	10 Da		20	If outside corpo	prote limits, write RI	IDAL and a			
d. NAME OF HOSP OR INSTITUTION Sacred 3. NAME OF DECEASED (Type or print) 5. SEX Male 100. USUAL OCCUPAT	land TAL (If not in hospitol, given Heart Hospit First		10 Da	VS	7 7			JIME ONG 8	jive nea	rest town)
OR INSTITUTION Sacred 3. NAME OF DECEASED (Type or print) 5. SEX Male 100. USUAL OCCUPAT	Heart Hospit		dress)		0 2 Cumber	land					
Sacred 3. NAME OF DECEASED (Type or print) 5. SEX Male 100. USUAL OCCUPAT	First	al.			d. STREET ADDRESS				-	e. IS RESI	DENCE FARM?
DECEASED (Type or print) 5. SEX Male 100. USUAL OCCUPAT					218 Colu	mbia St	treet			YES [
(Type or print) 5. SEX Male 10a. USUAL OCCUPAT	0.00000		Middle		Lost	4. DATE	Mont	th	Doy	y)	fear
Male 100. USUAL OCCUPAT	George		F.	F	Robertson	OF DEATH	Febru	1102011	271		9 5
10a. USUAL OCCUPAT		7. MARRIE	DENEVER MARRIE		DATE OF BIRTH		9. AGE (In years	IF UNDER		445	
10a. USUAL OCCUPAT		WIDOWED	100	_	5_8 V8/865/	1882	lost birthdoy) 76 yrs.		Days	Hours	Min.
ducing mand of	ON (Give kind of work de	one 10b. KI	ND OF BUSINESS OF	INDUST	Y 11. BIRTHPLACE (Sic			12. CITI	IZEN O	F WHAT	COUNT
	red Miner	8									
13. FATHER'S NAME	red wither				14. MOTHER'S MAIDEN			U	.S.A	40	
							77 - 1	- 130			
Joseph-	Daceased ER IN U. S. ARMED FORCE	EC2 14 CC	CIAL SECURITY NO.	17 (NE	ORMANT	Foote.	, Roberts				
(Yes. no. or unknown)	(If yes, give war or dates of ser		CIAL SECURITY NO.				Addr	ess			
No			None		Pt's Juant						
	ATH [Enter only one cou ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)_	7	where	ulos	no				ONS	ET AND	DEATH
008X	DUE TO										
Conditions, if											
gove rise to couse (a), stating	mmediote (
lying couse lost	(c).										
PART II. OT	HER SIGNIFICANT COND	ITIONS CO	NTRIBUTING TO DEA	TH BUT N	OT RELATED TO THE TER	MINAL DISEAS	E CONDITION GIVE	EN IN PART	1(0) 15	PERFO	RMED?
20a. ACCIDENT W	AS UNDERLYING 2	Ob. DESCR	IBE HOW INJURY OC	CURRED.	(Enter noture of injury i	in Port I or Por	rt II of item 18.)			YES [NO [
OR CONTRIBUTING	MEDICAL EXAMINER		4-5								
Z 20c. TIME OF INJU	RY Month, Doy, Year		URY OCCURRED	20e. PLAC	E OF INJURY (Home, fo	rm, 20f. (Cit	y or town)	(C	County)		(Sto1
Hour o.m.	19	While of work [Not while of work	rocto	ry, street, office bldg., e	etc.)					
21 Leastifu t	nat I attended the a	deceased	1 20 Food	7	1959 to 1	2 27	, 19.59				
	\ ~ > L	neceoseo				7	, 1921,	,,that I I	ast sa	w the	decec
alive on	<u> </u>	., 19	, and that (death o	ccurred at 8:41	2HLM, fran	n the causes a	nd on th	ie dat		
ACTUAL	Ser V.	De	y gr.	M.	D	ADDRESS (S	itreet, city or town, s	itote)		DA	TE SIG
SIGNATURE	Do I HI	ev. M	D.		156_N_	Centre	Street	Curbe	וברת	nd Mo	1
PHYSICIAN'S NAME (Type)											
PHYSICIAN'S NAME (Type)	N, 22b. DATE THEREOF		22c. NAME OF CEMET	TERY OR C		22d. LOCA	TION (City, town, o			(Stote)
PHYSICIAN'S NAME (Type)	ON, 226. DATE THEREOF	-	Memoria		REMATORY			r county))

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VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1379 CERTIFICATE OF DEATH

01396

CERTIFICATE OF DEATH

Reg. Dist. No.

/ 1.	PLACE OF DEATH o. COUNTY		2. USUAL RES	DENCE (Where	e deceased live		on: Residence	before admis	sion)	
	Allegany		o. STATE Marttand b. COUNTY Allegany							
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						n)	
	Cumberland	1h days	× Rt. # 1 Oldtown							
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION			, d. STREET ADDRESS e. 15 RESIDENCE						
L	Sacred Heart Hospital		Along Rt. # 51					ON A FARM? YES NO		
3.	NAME OF First DECEASED	Middle	lo	st 4	. DATE	Mor	th	Day	Yeor	
	(Type or print) David	EARL.	Robins	on	OF DEATH	2	21		19 59	
5.	SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	8. DATE OF BIRT	Н	9. A	GE (In years	T	YEAR IF UND	ER 24 HRS.	
1	Male White WIDOWE		/36 1	16/94		65 yrs.	Months [Doys Hours	Min.	
10	0a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUN								COUNTRY	
	Boiler Helper Ko	t.	. W.Va U.S.A.							
13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME									
	Mose Robinson Mary Malone									
15	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address									
1	No If yes, give wor or doles of service 220-10-2238 Mrs. Earl Robinson, Oldtown, Md.									
F	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]									
	PART I. DEATH WAS CAUSED BY: [MARGIATE CAUSE 60] Curcuscosa of Januares							ONSET AND DEATH		
16	157 X DUE TO DO									
	Conditions, if ony, which) The Rhounstee Cardeles							12		
	gove rise to immediate							2 - The		
NO	lying couse lost. Cardeac Decarter							2 205		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY									
Y								PERFC	PRMED?	
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING [] 20b. DESC	CRIBE HOW INJURY OCCURRE	D. (Enter noture o	of injury in Port	t I or Port II o	item 18.)		11.5	140	
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. IN	IJURY OCCURRED 20e. PL	ACE OF INJURY	Home, form,	20f. (City or to	ownl	ICo	unty)	(Stote)	
0	Hour a. m. While	Not while to	ctory, street, office	e bldg., etc.)	-		(00	,,	(Sioie)	
12	7									
	21. I certify that I attended the deceased from 1950 to doct 1 1950, that I last saw the deceased									
	alive on, 1955, and that death accurred at 10:10AM, from the causes and an the date stated above.									
13	LACTUAL COL. S		6	AD	DRESS (Street,	city of town,	stote)	2/0,	ATE SIGNED	
	SIGNATURE SIGNATURE M.D. Consulerland and 723) 57									
	PHYSICIAN'S									
	NAME (Type) Dr. C.E. Durrett 236 Virginia Ave.									
22	BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	R CREMATORY	22	d. LOCATION	(City, town, o	or county)	(Stot	e)	
L	Burial Feb. 24,195	9 Oldtown	Cemeter	y	Oldton	n. Mo				
	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			Y REGISTRAR	7	TRAR'S SIGN	NATURE		
	H. Wayne George, Cu	mberland, M	d.	DATE FEB	25'59	- a	times S.	Frank		

AND STREET AND STREET . . A STATE OF THE STA

01397

e. IS RESIDENCE ON A FARM?

Hours

YES NO B

Yeor

19 59

Reg. Dist. No.

Days

10a. U!	JUAL OCCUPATION (Give kind of work done ring most of working life even if retired)	106. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote of	foreign country)	12. CITIZ	EN OF WHAT COUNTRY
A	fairente	Gome.	MARYLAND			U.S.A.
13. FAT	HER'S NAME		14. MOTHER'S MAIDEN NA	ME		
V	TILLIAM SCHAFFER (D)		SOPHIA S	CHULTZ (D)		
IS. WA	S DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wer or dates of service)	MA. 0	FORMANT	Ad	dress	
18.	CAUSE OF DEATH [Enter only one couse	per line for (o), (b), and (c).]				INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Urling				ONSET AND DEATH
1	81.0 DUE TO	OX./COLOR				130003
9	onditions, if ony, which (b) over ise to immediate (DIFTO	Carcinome	of bladd	les		ξ,
	ing couse lost. DUE TO					
SER (IE	CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER)	ons contributing to DEATH BUT N Light authorized DESCRIBE HOW INJURY OCCURRED.	broke Hear	& charace	VEN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED? YES NO
WEDICA 200	Hour o. m.	0d, INJURY OCCURRED Vhile Not while foch t work ot work	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(Cou	unty) (Stote)
21	I certify that I attended the dec	ceased from 7.68	19 5% to 7	B 28 195	Z_that I la	st saw the deceased
	ive on 7.6 28					
1				DDRESS (Street, city or lown		DATE SIGNED
	TUAL WILLIAM CO Illani	P. Janes M	l.D			3-1-58
PH NA	YSICIAN'S W.P. TAMPE M.	D	LUI N. CF	NIER STREET	CUMBER	PLAND, Md.
ERE	RIAL CREMATION, 22b. DATE THEREOF MOVAL (Specify) MOVAL (Specify) MOVAL (Specify)	22c. NAME OF CEMETERY OR	CREMATORY 2	2d LOCATION (City, town,	and	(Stote) MR
23. FUN	BERAL DIRECTOR'S SIGNATURE	ADDRESS	MA 240. REC'D DATE MAI		SISTRAR'S SIGN	IATURE
1			7 - 77		Nova S.	Kaus

TO FUNERAL DIT TO HOSPITAL OR VS A15 (4) 15M 10/57

HTATO TO STADENZED 20 000 M

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01398

1381	AL EVAIMINER S	Reg. Di	st. No.
I. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Reside	nce before admission)
Allegany	MARYLAND	o. STATE Maryland b. COUNTY Al:	legany
b. CITY OR TOWN (It outside corporate limits, write RURAL and give nearest lown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and	
Cumberland	DOA	02 Cumberland	
d. NAME OF HOSPITAL OR INSTITUTION (If not in	haspital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
Sacred Heart Hospit	al	104 ". Mechanic Stree	t YES NO X
NAME OF Willard 2 First	Middle	Lost 4. DATE Month	Doy Yeor
(Type or print) Lafavette		Smith Feb.	24 1959
5. SEX 6. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED 1 B.	DATE OF BIRTH 9. AGE (In years IF UNDER	
Male Colored WIDO	WED DIVORCED T	Dec. 15, 1878 lost birthday) Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 1)			ZEN OF WHAT COUNTRY?
during most of working life, even if retired) Waiter (Retired)	Cumberland Cour	try Barbadoes, West Indies	Unknown -
13. FATHER'S NAME	Club	14. MOTHER'S MAIDEN NAME	
Unknown	0145	Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. IN	FORMANT John Trimble Address 216	Sarroll St.
[Yes, no. or unknown] [If yes, give wor or dotes of service]	214-05-5863 Ka	waxiak Waxwixxk Cumberland	
18. CAUSE OF DEATH [Enter only one couse per		THE PARTY OF THE P	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Acute Cardiac Fa	ilure	1-2 Days
421,1 DUE TO	Acuse Gardiac Pa	TTu. C	1-2 Days
Conditions, if any, which (b)	Aortic Insuffici	enov	9
gove rise to immediate cause	WOLDTO TUBULLICI	ency	6
cause lost.			
	S CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY
АТИ			PERFORMED?
200. EXTERNAL CAUSE WAS 20b. DESC	CRIBE HOW INJURY OCCURRED. (En	ster noture of injury in Port I or Port II of item 18.)	AES IO NO
PART II. OTHER SIGNIFICANT CONDITION 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OP DEATH.			
3 20c. TIME OF INJURY Month, Day, Yeor 2	Od. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, form, 120f. (City or town) (Cou	nty) (State)
	Vhile Not while facto	ry, street, office bldg., etc.)	my, (sidie)
	t work ot work	re, held on Autopsy 🔼 Inspection 🛣 Inquir	3000
opinion death resulted from: Natura			
opinion deoth resulted from: 140tur	OI COUSESNELL, Accident	, Suicide , Homicide . Undetermined m	nonner
ACTUAL Benedrot	kitarolica	CHIEF MEDICAL EVANDAGE [7]	DATE SIGNED
SIGNATURE - LINEAROL	Relatella	M.D. CHIEF MEDICAL EXAMINER	
EXAMINER'S Benedict Skitare	lic, M.D.	DEPUTY MEDICAL EXAMINER FOb. 24, 1	959
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR	The second secon	(State)
Burial 2/26/59	Woodlawn Memor	rial Park Cumberland, Maryl	and
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	NATURE
John J. Hafer, Cumberla	and, Maryland	DATEFR 2 7 '59 Orthog 8 4	r i

VS. A15ME 5M 2/57

MARYALIS STATE THE MEAT AND STATE OF DEATH

STATE SON

	TEL PROPERTY OF THE			
	Car Carlotte	15,150		
	AL ANNUAL DESIGNATION OF THE PERSON OF THE P			
		122 2011		
THE PARTY OF THE P			6-5-	
	dist Masser,			
			to other forms	

	13	382	CERTIFIC	ATE OF DEATH		Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY AT.T.F.G.A	NY		MARYLAND	2. USUAL RESIDENCE (Who o. STATE MARYTIANT	b. COUNTY	on: Residence before admission) ALLEGANY
b. CITY OR TOWN RURAL ond give CUMBERI.		imits, write	c. LENGTH OF STAY IN 16		utside corporate limits, write R	
	PITAL (If not in hospite			d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO DO
3. NAME OF DECEASED (Type or print)	WILLIA	First	Middle JOSEPH	Lost STEPPE	4. DATE Mon OF DEATH Feb.	
5. SEX	6. COLOR OR RAC	E 7. MARI	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
MALE	WHITE	WIDOW	ED DIVORCED	July 6, 1887	lost birthdoy)	Months Doys Hours Min.
Master N	TION (Give kind of wo torking life, even if retin IECHANIC	ed) U	ndergarment	USTRY 11. BIRTHPLACE (Stole of MARYLAND)	or foreign country) , Cumberlan	12. CITIZEN OF WHAT COUNTR
13. FATHER'S NAME		H.	actory	14. MOTHER'S MAIDEN N	AME	
HARMON				IDA	GORDON	
15. WAS DECEASED E (Yes, no. or unknown)	VER IN U. S. ARMED F (If yes, give wor or dates	of service)	SOCIAL SECURITY NO. 17. 214-05-6564	PT'S CHART	Add	ress
PART I. D 420. Conditions, if	EATH WAS CAUSED BY IMMEDIATE CAUSE DUE	(: (o)	ne for (g), (b), ond (c).]	Infare	ton.	INTERVAL BETWEEN ONSET AND DEATH
gove rise to couse (a), statis lying couse los	ng the under- DUE	(c)				3
20a. ACCIDENT V	WAS UNDERLYING A	20b. DES		IT NOT RELATED TO THE TERMIN		PEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 🔀
20c. TIME OF INJ Hour o. n p. n	URY Month, Day,	Year 20d. II	k ot work	PLACE OF INJURY (Home, form, actory, street, office bldg., etc.)		(County) (State
21. I certify alive on	that I attended the Stale 2	be deceas		h accurred at 8:30A.	M, fram the causes of DDRESS (Street, city or town,	that I last saw the decease and an the date stated above the DATE SIGN
PHYSICIAN'S NAME (Type)	Dr. O. F. I				ginia Ave.	
Burial	8-26-5	9	St. Mary's		Cumberland,	
James F	es Scarpel	li Cu	imberrand, Md	240. REC'D		STRAR'S SIGNATURE Dithun S. Kraus

VS A15 (4) 1SM 9/5B

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE, 1	-

CERTIFICATE OF DEATH

	140	3	CERTIFIC	ATE OF DE	ATH		Reg. Dist.	No.	
1. PLACE OF DEATH o. COUNTY	Allegar	ny	MARYLAND	CTATE	CE (Where decease ryland	ed lived. If institution b. COUNTY		before admis	
b. CITY OR TOWN RURAL ond give r FTO	(If outside corporate limi legrest town) Stburg	ts, write	LENGTH OF STAY IN 16		N (If outside corp	orote limits, write R	URAL ond give	e nearest tow	vn)
OR INSTITUTION	TAL (If not in hospital, g		ldress)	d. STREET ADDR	Hill S	it.,		ON	A FARM?
3. NAME OF DECEASED (Type ar print)	WILLIAM	15	AUGUSTUS	SWEITZE	R 4. DATE OF DEATH	FEBRU.		Day 24,	Year 19 59
s. sex male	6. COLOR OR RACE	7. MARRIE	DIVORCED DIVORCED	Feb. 8,	1892	9. AGE (In years low birthdoy) yrs.	Manths Do	YEAR IF UND	
Range operation of the	rking life, even if refired	All er	ND OF BUSINESS OR IND eg. Ballis DCIAL'SECURITY'NO.	tics 14. MOTHER'S MA	Marylan	nd	U.	S.A.	COUNTRY
PART I. DE 260 X Conditions, if a gave rise to couse (a), stating lying cause lost	immediate DUE TO		Tranche Trabete	- Free	meni	ia		SOUTH AND SET	200 V.
20a. ACCIDENT WOR CONTRIBUTING	HER SIGNIFICANT CON AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)		IBE HOW INJURY OCCURI	UT NOT RELATED TO TH			VEN IN PART 1		S AUTOPSY ORMED?
20c. TIME OF INJU Hour o. m.	RY Month, Doy, Ye	or 20d. INJ While of work	Not while	PLACE OF INJURY (Horr foctory, street, affice blo		ty or town)	(Cou	inty)	(Stote
	w. O. Mcl	19.3	fram It is		ADDRESS (Street, city or town,	and an the constant	date state	
220. BURIAL, CREMATII REMOVAL (Specify Burial 23. FUNERAL DIRECTOR	22b. DATE THERECON 2-27-59 R'S SIGNATURE	9	St. Micha	el's Ceme	tery a. REC'D BY REGIS	Frostb STRAR 24b. REGI	ar caunty) UT g . N ISTRAR'S SIGN	1d	ate)
J. R.	Durst,	Fro	stburg, Md	• D/	ATE MAR 2	'59 a	rthur S. 7	Comme	

er, yes Marylend ve breezen Trootbon's farlozol avenik WE THE PROPERTY AND ADDRESS OF THE PARTY OF Tet. 5. 1392 (147) at the ACRE Todayana apidoniisa sa in rodayana agama Mary Montegrap Testinva bannen 210-01-6728 Mrs. Berndebbe dwelfrer, From though Shi ka with mian it is a second A Million Soll of the . all game roots nortal 2-02-59 St. Michael's Ceastory Troublers, Md. . It. Durse, Frostburg, Mc.

inerol director, TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours ofter death. Page. O FUNERAL DIR 18: After this certificate has been signed by the ottending physicion and completely filled in by page 3 should by the chocked for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 the registrar prior to burial, cremation, or removal, and in any event within 72 hours ofter death.

TO FUNERAL DIR

VS A15 (4) 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01401

	1383	CERTIF	ICATE OF	DEATH		Reg. Dist. No	11401
1. PLACE OF DEATH a. COUNTY ALLEGAI	٧Y	MARYLA	a STATE	ESIDENCE (Where dece	ased lived. If institution b. COUNTY	an: Residence belo	ore admission)
b. CITY OR TOWN (If autside of RURAL and give nearest town CUMBER LAND	orporote limits, write)	c. LENGTH OF STAY IN	11b c. CITY C	R TOWN (If outside co		URAL and give ne	earest town)
d. NAME OF HOSPITAL (IF not	in hospital, give street		d. STREE	ADDRESS 635 SHRIVI			e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	First R I CHAR	Middle D L.	TAYLOR	Lost 4. DAY			oy Yeor 25 19 59
s. sex MALE 6. cold		IED NEVER MARRIED DIVORCED			9. AGE (In years last birthday) 30 yrs.	Months Doys	R IF UNDER 24 HRS. Hours Min.
SUPER CONCRETE	ind of work done 10b.	KIND OF BUSINESS OR		HPLACE (State or foreign MBERLAND, M	Committee of the State of the S		A .
13. FATHER'S NAME RICHARD L. T	AYLOR			R'S MAIDEN NAME ORA M. TAYL	.OR		
1S. WAS DECEASED EVER IN U. S. (Yes, no. or unknown) (If yes, give Yes WW	ARMED FORCES? 16. war or dates of service)		17. INFORMANT	L HOSPITAL	RWICK & ME	MORIAL A	VENUE
18. CAUSE OF DEATH [Enter		me for (o), (b), and (c).]	o Hen	um la	Ø.	INI	TERVAL BETWEEN USET AND DEATH DEATH DEATH DEATH
581.0 Conditions, if any, which	DUE TO	4500	ference!	Merie	asites		
gave rise to immediate couse (a), stating the under lying cause lost.	V DUE TO	Portice	Court	lower ay	Lui		
PART II. OTHER SIGNI 20a. ACCIDENT WAS UNDER OR CONTRIBUTING OR CONTRIBUTING Ulf EITHER, NOTIFY MEDICAL	FICANT CONDITIONS (CONTRIBUTING TO DEAT	H BUT NOT RELATED	TO THE TERMINAL DIS	EASE CONDITION GIV	/EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO NO
	OF DEATH I	CRIBE HOW INJURY OCC	URRED. (Enter notur	e of injury in Part 1 or	Part 11 of item 18.)		
20c. TIME OF INJURY Month Hour a, m, p. m.	Day, Year 20d. II While at wor	Not while	De. PLACE OF INJUR foctory, street, of		(City or town)	(County) (Stote)
21. I certify that I attached alive an Test 3	ended the deceas			at 3:26 AM,	ram the causes of Street, city of town,	and an the de	aw the decease ate stated abov DATE SIGNE
SIGNATURE PHYSICIAN'S NAME (Typo) DR •	O. G. HIMM	ELWRIGHT M.	D. 1	33 Va. Av	e. Cumberl	Land, Md	4/2/26/
220. BURIAL, CREMATION, 22b. (REMOVAL (Specify)		22c. NAME OF CEMET			ocation (City, town,	or county)	(Stote)
23. FUNERAL DIRECTOR'S SIGNAT John J. Hafer	URE	ADDRESS and, Maryla		24a. REC'D BY RE	GISTRAR 24b. REGI	STRAR'S SIGNATU	JRE

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			TO STATE OF CHILDREN

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STIE	may be retained by the hospital or ottending physician.		page 3 should it metatoched for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 3 grid be file	
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		4.1	0.8	CERTI	FICA	TE OF DEA	ATH	ALIII	vioke, i	Ren D	ist. No.	140	12
1.	PLACE OF DEATH o. COUNTY Alle	gany	U-3	MARY		o. STATE Mary	E (Where de	ceased live	ed. If institution b. COUNTY	on: Reside		re admiss	ion)
	b. CITY OR TOWN (If outside RURAL and give negrest to	corporate limits,		70 Yrs		c. CITY OR TOWN			limits, write R				1)
	d. NAME OF HOSPITAL (IF n OR INSTITUTION	ot in hospital, give	e street oddres	s)		d. STREET ADDRE	SS						FARM?
3.	NAME OF DECEASED (Type or print)	First Lie	A	Middle nn	Te	aylor	4. D.		Man Feb.		28	1	Year 19 59
	Female Wh	ite v	VIDOWED 🖪	DIVORCE	D Ma	DATE OF BIRTH	-		AGE (In years ast birthday) yrs.	Months Manths	R 1 YEAR Days	Hours Hours	R 24 HRS. Min.
L	do. USUAL OCCUPATION (Giver during most of working life Domestic	e kind of work do , even if retired)		OF BUSINESS O	R INDUSTR		(Stote or fore	-	(7)	12. C		S. S.	COUNTRY
13	James	Fairgri	.eve			14. MOTHER'S MAII		mama	da Warr	nick			
15	(os. no. or unknown) If yes. gi	S. ARMED FORCE ve war or dates of serv	S? 16. SOCIA	AL SECURITY NO	_	ormant ymond Tay	lor		Barto		d.		
	18. CAUSE OF DEATH [E		e per line for	(0), (b), and (c). Alst	i,	Lear	T X	i'ai	Cur	e	INT ON:	ERVAL BE	TWEEN DEATH
	Canditions, if any, wh	DUE TO	Klys	berte	us	ive Co	rd	ioi	asi	la	2	yes	ers
-	cause (a), stating the una	DUE TO	di	reas	se.								
CEPTIEICATION	PART H. OTHER SIG		X	lon	0	OT RELATED TO THE				EN IN PA	RT 1(o)	PERFO YES [RMED
			Ob. DESCRIBE	HÓW INJURY O		(Enter nature of inju							
MEDICAL	20c. TIME OF INJURY Mor Hour o.m. p.m.	nth, Day, Year	20d. INJURY While I of wark C	Not while	20e. PLAC factor	E OF INJURY (Home ry, street, office bldg	, farm, 20f j., etc.)	. (City or	town)		(County)		(Stote)
	21. I certify that I a alive on	ittended the o	leceased fr		death o	., 1957, to				and on			decease
	ACTUAL SIGNATURE	Ric	J	ate	м.	Lona	ADDRE	SS (Street	a city or town,	stote)	3/	3/	S 9
	PHYSICIAN'S MAME (Type)	IKIO	K	ATE)				1				
L	REMOVAL (Specify) Burial	arch 3	1050	Laure:	Hil.		Mo	SCOW	Mills		Ma	yrla	
23	EUNERAL DIRECTOR'S SIGN	Jal .		nport, 1	Maryla		REC'D BY RE MAR 4	egistrar '59		ribury			

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01403

	1384		CERTI	FICA	ATE OF D	EATH		- 15	Reg. I	Dist. No.		
1. PLACE OF DEATH 0. COUNTY ALLE	GANY		MARY	LAND	2. USUAL RESID	ENCE (Whe	re deceased	b. COUN		ence befor		iion)
b. CITY OR TOWN (III RURAL ond give ne CUMBERL		ls, wrile	5 DAYS	IN 16	c. CITY OR TO	OWN (IF OU		rote limits, wri	e RURAL on	d give nea	rest low	1)
d. NAME OF HOSPIT. OR INSTITUTION MEMOR 1 /	MEMORIAL	OSP1T K AVE	Aless)		d. STREET AL			20 E	7			SIDENCE A FARM? NO X
3. NAME OF DECEASED (Type or print)	Fii A	rsi NNA	Middle S.		Tre i		4. DATE OF DEATH		Month BRUARY	21	_	Yeor 19 59
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRI	ED NEVER MARRIE		8. DATE OF BIRTH	187	5	9. AGE (In ye lost birthdo	y) Months		Hours	ER 24 HRS. Min.
10a. USUAL OCCUPATION during most of work HOUSEW 1	king life, even if retired)	ond of Business o	R INDUS				umberl			S.A.	COUNTRY
13. FATHER'S NAME	JOHN : M	c Ná ma	î.ra			MAIDEN NA BERINE		NY				
15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FOR (If yes, give wor or dates of		None		s. Elea	nor	Foss		N. C	umbe	rla e S	nd, N
PART I. DEA	ATH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (c	1/4	e for (0), (b), and (c).	el	Sho	elc					ET AND	DEATH
Conditions, if or gove rise to it couse (o), stoting	mmediate (, else	testma	10	bstre	netsi	En .			2	2 00	Te,
lying couse lost.	HER SIGNIFICANT CON		ONTRIBUTING TO DEA						GIVEN IN P.	ART 1(o) 1	PERFO	AUTOPSY DRMED?
	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)										Ď.,	
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	While of work	Not while of work	foo	ACE OF INJURY (1 tory, street, office	lome, form, bldg., etc.)	20f. (City	or fown)		(County)		(Stote)
21. I certify the olive on	oot I offended the		, ond that	death	occurred at	11:16A	.M, from	n the cause treet, city or to	s ond on		te stat	
220. BURIAL, CREMATIO REMOVAL (Specify) Burial	N. 22b. DATE THERE		22c. NAME OF CEMI					TION (City, too			(Sto	
23. FUNERAL DIRECTOR			berland,	Md.			BY REGIST	RAR 24b. R	EGISTRAR'S Clothun	SIGNATUI	RE	

VS A15 (4) 15M 10/57

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THE STATE OF STREET		

VS A15 (4) 15M 10/57

MARYLAND	STATE DEPARTMENT	OF HE	EALTH—	BALTIMORE,	18
1385	CERTIFICATE	OF D	EATH		D

01404 Ren. Dist. No.

			Keg. 5131. 110.
1. PLACE OF DEATH O. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If o. STATE MARYLAND b. C	institution: Residence before admission) COUNTY ALLEGANY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) CUMBER LAND	c. LENGTH OF STAY IN 16 2 DAYS	c. CITY OR TOWN (If outside corporate limits, CUMBERLAND	, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION MEMORIAL HOSPITAL	ddress)	d. STREET ADDRESS ROUTE #4	e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
3. NAME OF DECEASED (Type or print) GEORGE	Middle VAI	Last 4. DATE OF DEATH	FEBRUARY 28 19 59
5. SEX 6. COLOR OR RACE 7. MARRI WHITE WIDOWE	Parket and the second s	OCTOBER 4,1910 9. AGE (I	In years IF UNDER 1 YEAR IF UNDER 24 HR5 (Months Days Hours Min.
	kind of Business or Indu endant	WEST VIRGINIA	12. CITIZEN OF WHAT COUNTR
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	- 01 / 20/	COCOA BROWN NFORMANT WARWICH MEMORIAL HOSPITAL - CUM	K & MEMORIAL AVE. BERLAND, MD.
18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 58.0 DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoling the under DUE TO	urhos	is of hur	INTERVAL BETWEEN ONSET AND DEATH JULY 5
		NOT RELATED TO THE TERMINAL DISEASE CONDIT	PERFORMED? YES NO
2	_ Not while _ for	ACE OF INJURY (Home, form, 20f. (City or town) ctory, street, office bldg., etc.)	(County) (State
21. I certify that I attended the decease alive on 195 ACTUAL SIGNATURE PHYSICIAN'S DR. W. F. WILLI	9, and that death	occurred at 10:55PM, from the constant of the	
220. BURIAL CREMATION, 226. DATE THEREOF REMOVAL (Specify) 3/3/59	22c. NAME OF CEMETERY O	Cemetery Cumber	land, Md
23. FUNERAL DIRECTOR'S SIGNATURE H. Lee Silcox Cu	ADDRESS umberland, M	d. PATHAR 4 '59	46. REGISTRAR'S SIGNATURE Orthog & Kraue

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

				Reg. Dist. No.
PLACE OF DEATH O. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (Who o. STATE MARYLAND	ere deceased lived. If institution b. COUNTY	n: Residence before odmission) Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and outside pegres town) CUMBER LAND	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits, write RU MARYLAND	RAL and give nearest town)
d. NAME OF HOSPITAL US OF INSTITUTION ME MORIAL HOSP	e TAL S	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
. NAME OF First DECEASED (Type or print) MARY	Middle E	WATSON	4. DATE Month OF FEBRUA	
FEMALE WHITE WIDE	ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH NOV. 6, 187	7 last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
a. USUAL OCCUPATION (Give kind of work done) to during most of working life, even if retired) HOUSEWITE	Ob. KIND OF BUSINESS OR INDU	PENNA	or foreign country)	12. CITIZEN OF WHAT COUNTS
MICHAEL CRAWFORD		14. MOTHER'S MAIDEN N ELIZABETH		
. WAS DECEASED EVER IN U. S. ARMED FORCES? es. no. or unknown) (If yes, give war or dates of service)	None	nformant s James C S	Addre hhriver Penr	H IMO
Conditions, if any, which gave rise to immediate couse (o), stating the <u>under-lying cause last.</u> (b) DUE TO (c)	x no	i mine	- Juni	us.
PART II. OTHER SIGNIFICANT CONDITION 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVE	N IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DO OR CONTRIBUTING 20b. DO CONTRIBUTING 20b. DO OR CONTRIBUTING 20b. DO OR CONTRIBUTING 20b. DO OR CONTRIBUTION AND CONTRIBUT	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	ort 1 or Port II of item 18.)	
Hour o.m. Wh		ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)		(County) (State
21. I certify that I attended the dece alive an 2 9 - , 19 ACTUAL SIGNATURE 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1-16	0 occurred at 3:054		that I last saw the deceased an the date stated abartote) DATE SIGN 2-10-5
PHYSICIAN'S NAME (Type) W.F.WILLIAMS				
Burial, CREMATION, 22b. DATE THEREOF Burial 2.12.59		R CREMATORY AS Methodist	22d. LOCATION (City. town, or Little Orlea	county) (Store) ans Allegany M
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		FR 1 6 150 -	TRAR'S SIGNATURE

v	E DEPARTMENT OF HEALTH - BALTMORE, TO	TATE CHAPTIAN
	CERTIFICATE OF DEATH	
		Yan I Wall
	men and macoff, mealing	A DEFENDANCE
	White a second the state	
		Charles and All States
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	TOTAL CONTRACTOR OF STATE OF S	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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necessary, please of Health,

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is n execute the certificate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should be if rided to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained 10 FUNERAL DINACTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Be ar its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

execute the cert 4 should be f VS. A15ME 5M 2/57

1201			reg. s	7131. 140.
PLACE OF DEATH O. COUNTY			deceased lived. If institution: Resid	lence before admission)
Allegany	MARYLAND	o. State Maryla	ind b. COUNTY All	egany
b. CITY OR TOWN (II autside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	de corporate limits, write RURAL on	d give neorest town)
Frostburg	Lifetime	22Frostburg		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
VIW Home		212 Center	Street	YES NO
3. NAME OF DECEASED (Type or print) JOSEPH	Middle ROSS WHET	STONE 4. D.	ATE Month FER	Doy Year 1859
5. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED B.	DATE OF BIRTH	9. AGE (In years IF UNDER foot birthday)	
M W WIDOWED	DIVORCED I	8-28-1894	64 yrs. Months	Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of work done 10b. K. during most of working life, even if retired)	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or for	reign country) 12. CIT	IZEN OF WHAT COUNTRY
	use painting	Frostburg.	Md.	U.S.A.
13. FATHER'S NAME	AND PRAILINE	14. MOTHER'S MAIDEN NAME		O D D I I I
Frank Whetstone		Mollie Stre	ets	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	SOCIAL SECURITY NO. 17. 14	IFORMANT		stburg, Md.
No lift yes, give wor or dates of service)	4-09-9379 Mm	Vosto Dord	ls,212 Center	s cours, mu
18. CAUSE OF DEATH Enter only one cause per line f	or (o), (b), and (c),]	Vesta Davi	S'STS DOLLOOL	INTERVAL BETWOEN!
PART I. DEATH WAS CAUSED BY:	Ds an ni	Danli	35/20	ONSET AND DEATH
1420 IMMEDIATE CAUSE (o)	of all and	1 Cicio	1901	nauson
000.10				
Conditions, if ony, which (b)				
(o), stoting the underlying DUE TO				1 . 1 . 1
cause lost. (c)	NITRIBUTING TO DEATH BUT A	OT BELATED TO THE TERMINIAL	DISEASE CONDITION CIVEN IN BAL	DE VILLE AUTORSY
PART II. OTHER SIGNIFICANT CONDITIONS CO	NIKIBOTING TO DEATH BUT N	OF RELATED TO THE TERMINALL	DISEASE CONDITION GIVEN IN PAI	YES NO
	HOW INJURY OCCURRED. (E.	nter noture of injury in Port I or	Port II of item 18.)	
3 20c. TIME OF INJURY Month, Doy, Year 20d. II	NJURY OCCURRED 20e. PLAC	E OF INJURY (Home, form, 20	f. (City or town) (Co	ounty) (Stote)
20c. TIME OF INJURY Month, Doy, Yeor 20d. II Hour o. m. While p. m. 19 ol wor	Not while	ory, street, office bldg., etc.)		
21. I certify that I took charge of the r		ve. held an Autonsy	1. Inspection XI. Inqui	ry X, and in my
apinian death resulted from: Notural c	-		icide . Undetermined	-
apimon death resolved from: Notoral C	Accident [, Joicide [, Itolii	icide [_], Ondetermined	manner L
ACTUAL SIGNATURE (1) MC	ane	M.D. CHIEF MEDICAL EXAMIN		DATE SIGNED
EXAMINER'S NAME (Type) WO MCL	ane moa	ASSISTANT MEDICAL EXAM		21959
REMOVAL (Specify)	22c. NAME OF CEMETERY OR Accident Cen		LOCATION (City, lown, or county)	(State)
	Funeral Home			
		WA NO EFR	9 '59 arthur	8 Kines

MARCHARD STATE DEPARTMENT OF HEALTH-SALTHMARK AN FOR STARS. Signature the St. A. Control of the St. The state of the s

VS A15 (4) 1SM 10/57

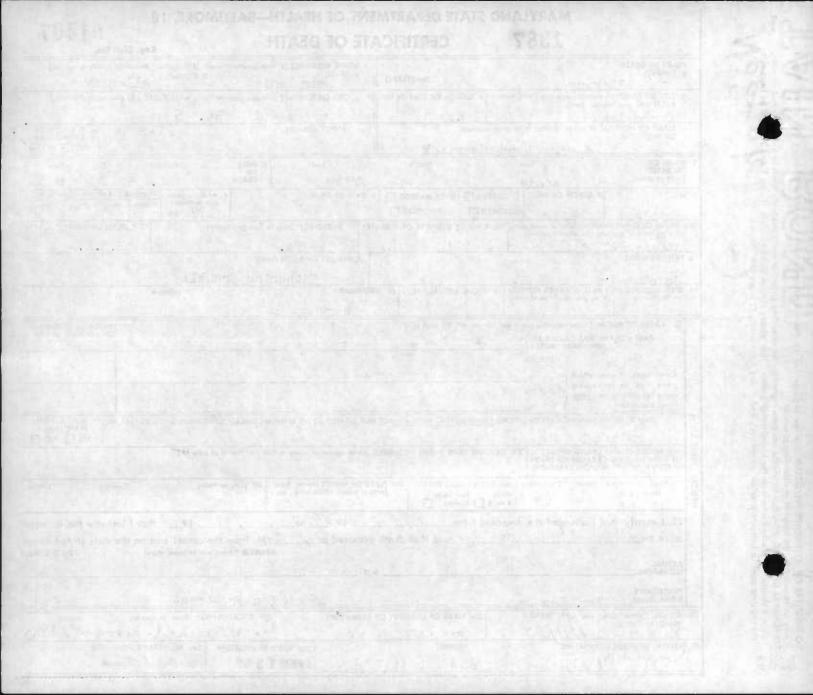
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MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
1387	CERTIFICATE	OF	DEATH	

01407 Reg. Dist. No.

CERTIFICATE OF DEATH

	legany	MARY	0.	ual RESIDENCE (N STATE Maryla		d lived. If institut b. COUNTY	1	e before odmis ganv	ssion)
b. CITY OR TOWN	(If outside corporate timil	s, write c. LENGTH OF STAY	IN 16 c.	CITY OR TOWN (I	If outside corpo	prote limits, write	RURAL ond g	ive nearest tow	n)
Cumber		1 day	X	Cumber	land	Rt. #5			
	PITAL (If not in haspital, g N		pd.	STREET ADDRESS				ON	SIDENCE A FARM?
		eart Hospitak	1]					I LES L	NO
3. NAME OF DECEASED (Type or print)	Fin Annie		Wh:	ite	4. DATE OF DEATH	Mo Te	b. 9	Day	Yeor 19 59
s. sex Female	6. COLOR OR RACE	7. MARRIED NEVER MARRIED NOT NEVER MARRIED DIVORCE		OF BIRTH		9. AGE (In years last birthday) 77 yrs	Months	YEAR IF UND Days Hours	ER 24 HRS. Min.
Oa. USUAL OCCUPA		one 10b. KIND OF BUSINESS C		. BIRTHPLACE (Sto	ote or foreign c			ZEN OF WHA	T COUNTRY
	WIFE	0111111	ME	Pa.			Ţ	J.S.A.	
3. FATHER'S NAME			14. /	AOTHER'S MAIDEN	NAME				
Jacob Dr	ก่ ทด			Cathe	erine C	20 mall			
15. WAS DECEASED	VER IN U. S. ARMED FOR	CES? 16. SOCIAL SECURITY NO	. 17. INFORM		OT MILO O		dress		
[Yes, no, or unknown]	(If yes, give wor or dates of se	rvice)	(1)	hart_					
Conditions, if gave rise to couse (o), stotillying couse lo	immediate DUE TO	anterio	ath BUT NOT RE	LATED TO THE TER	MINAL DISEAS	E CONDITION GI	VEN IN PART	PERF	DRMED?
20a. ACCIDENT	NG CAUSE OF DEATH I	20b. DESCRIBE HOW INJURY O	CCURRED. (Enter	nature of injury i	in Part I ar Par	t II of item 18.)		YES] NO []
(IF EITHER, NOTI	FY MEDICAL EXAMINER) URY Month, Doy, Yeo	r 20d. INJURY OCCURRED While Not while at wark of work	20e. PLACE OF factory, str	INJURY (Home, forest, office bldg., e	orm, 20f. (City	or town)	(Co	ounty)	(Stote)
21. I certify alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the	14	death accur	19 17, to	ADDRESS (SI	n the causes treet, city or town	and an th	e date stat	decease ed abave ATE SIGNE
220. BURIAL, CREMAT REMOVAL (Speci	fy) aliles		ETERY OR CREM			TION (City, town,	ar county)	(Sto	o Mo
23. FUNERAL DIRECTO		ADDRESS	OVILL	245 05	C'D BY REGIST	TRAP 1345 BEC	ISTRAR'S SIG		0 11
Jon 4	Mosoman	Anntit	00. VI	DATE	4 4 4 5	The state of the s	UN & FL		



VS A15 (4) 15M 9/SS M

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ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18

CERTIFICATE OF DEATH

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1388

		9					Keg. Dist.	. 140.			
. COUNTY	11		MARYLAND	2. USUAL RESIDENCE		.b. COUNTY.			ission)		
Hrregari				Pennsylvania Bedford c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)							
b. CITY OR TOWN	(If outside corporate limits	, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corp	orote limits, write R	JRAL and giv	ne nearest tov	wn)		
Cumberland 2 weeks				Hyndman Rural 75x-3							
d. NAME OF HOSPITAL (If not in hospital, give street oddress)				d. STREET ADDRES		di Ct ale		e. IS RI	ESIDENCE		
OR INSTITUTION	Momonial	TTo		T 3 3					A FARM?		
	Memorial			II Londona		ownship		1152	□ NO 🗗		
B. NAME OF DECEASED	First		Middle	Lost	4. DATE	Mon	th	Day	Year		
(Type or print)	Geor	ge .	A. Wilh elm		DEATH	Februa	rv T	1.5	19 59		
. SEX			HED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	IF UNDER 1				
Male		WIDOWE		December	75 70	lost birthdoy)	Months D	ays Hours	Min.		
			KIND OF BUSINESS OR INDU	December	10,10	80 78 75	10 61717	EN OF WHA	T COUNTY		
during most of wor	king life, even if retired)				prois or lossign	country)	12. CITIZI	EN OF WHA	I COUNIK		
Merchant	t-Service	Sta	tion operato	r Hyndma	n.Pa.	RD#1	US	SA			
3. FATHER'S NAME				14. MOTHER'S MAID	EN NAME						
Ge	eorge Wilh	elm		Clana	Trout	man					
	ER IN U. S. ARMED FORC		SOCIAL SECURITY NO. 17.	INFORMANT	TIOUC	Addi	ess				
(Yes, no. or unknown)	(If yes, give wor or dates of ser-	vice)									
No				Mrs. Geor	ge Wil	helm, Hy	ndman.	Pa.	RD#1		
18. CAUSE OF DE	ATH [Enter only one cour	se per lir	ne for (a), (h), and (c).]					INTERVAL B			
PART I. DE.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Ch	ronic arterios	eclaratic c	ardi ova	cular dis	10050	Appro:			
110-	DUE TO		TOTAL OUL TO	301010010	ar ar ovar	rounas ass	700200	240020			
Tola	.,/										
Conditions, if a											
couse (o), stoting											
lying couse lost.	(c)_										
PART II. OT	HER SIGNIFICANT COND	ITIONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEA	SE CONDITION GIV	EN IN PART I	(o) 19. WAS	AUTOPSY		
Chronic	prostatitis	with	marked hyper	trophy. Pyel	litis ar	nd cystiti	.S.	PERF	ORMED?		
PART II. OT Chronic 200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING [] 2	Mh DESI	CRIBE HOW INJURY OCCURRE	D (Enter nature of injur	v in Port Los Po	et II of item 18 1		1123	7 140 [2]		
OR CONTRIBUTING	MEDICAL EXAMINER	ob. DES	CRIDE HOW HAJORI OCCORRE	D. (Ellier holore of high	,						
20c. TIME OF INJU Hour o. m.	RY Month, Day, Year	20d. It While	to the	ACE OF INJURY IHome, ctory, street, office bldg.		y or town)	(Cou	unty)	(Stote)		
p. m.	19		Not while								
21 1	- 1 - 11 - 11 - 1 1		J.C. Ammana T.O.	۲۵ ،	P-1 75	' "					
			ed fram Approx 19								
alive an_Fe	1959	_, 19	, and that death	accurred at 4:	L5_BM, fra	m the causes o	nd an the	date sta	ted abav		
/	700-	1		.,	ADDRESS (street, city or town,	stole)		DATE SIGNI		
ACTUAL	John a	450	uc	M.D. Hund	man o	Pa			2/17/5		
U									-17		
PHYSICIAN'S NAME (Type)	John A. Topp	an.	M.D.								
			110.00								
REMOVAL (Specify	ON, 226. DATE THEREOF		22c. NAME OF CEMETERY C			TION (City, town,		T T	ote)		
Burial (Specify	Feb. 18,	1928	Zion Memor	lal Park	Cum	berland	, Ma.	RD 3			
3. EUNERAL DIRECTOR	S SIGNATURE	1	ADDRESS	240.	REC'D BY REGIS	TRAR 24b. REGIS	STRAR'S SIGN	IATURE			
1. laures	TH. Low	CO) F	Hyndman, Pa.	DATE	FFR 1 9 '5	9 01	hun & to	anua.			
700000	141/1			DATE	LED 13	CAA	- 1 L	Deliver.			

To contract the state of the state of The second property of the contract of the second s CHARLES TO STORY OF STREET OF STREET

VS A1S (4) 1SM 9/5B 61

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

405	C	ERT	FIC	ATE	OF	DEA	T

14115	921(11119)	0. 0		Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (WH	here deceased lived. If institution b. COUNTY	an: Residence befare admission)
b. CITY OR TOWN (If autside carporate limits, write	L. IENICTU OF CTAV IN IN	Mary	and	Allegany
RURAL and give nearest tawn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If a	outside corporate limits, write R	URAL and give nearest fawn)
Frostburg	2 days	22 Frost	burg	
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Miners Hospital	address)	d. STREET ADDRESS	aple St.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First	Middle	Last	1	
DECEASED (Type or print) WILLIAM	Middle	WILSON	OF DEATH Feb.	
5. SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH .	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
male white widows			888 70 yrs.	Months Days Haurs Min.
 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	ar fareign cauntry)	12. CITIZEN OF WHAT COUNTRY
Retired brick layer M.	W. Ward	Maryl	and	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	NAME	
James M. Wilson		Eliza	beth Fuller	
IS. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	NFORMANT	Addi	ress
[17 yes, give war or cares of service) 2]	13-09-6571 M	rs. Wm. Wil	son, Frostbu	arg, Md.
18. CAUSE OF DEATH [Enter only one cause per list	far (a), (b), and (c).]	1/2	. 1)	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	DEO KENV	Kemar	rkaje_	ONSET AND DEATH
IMMEDIATE CAUSE (a)	encoun	- 1		7.00
SO/X DUE TO	1, for 6	allegan		Sereia
Canditians, if any, which gave rise to immediate	very of	curas		years
cause (a), stating the under-				
lying cause last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS OF	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE CONDITION GIV	'EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES □ NO □
	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I ar Part II af item 18.)	
OR CONTRIBUTING CAUSE OF DEATH				
20c. TIME OF INJURY Manth, Day, Year 20d. It Haur a. m. 19 at war	NJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, farm	n, 20f. (City or tawn)	(Caunty) (State
Haur a.m. While at war	IAGI WIIIE	ctary, street, affice bldg., etc	.)	
p. m. 17 at war	K L di wdik	with ra	50 12 7	
21. I certify that I attended the deceas		190/, to/	12, 1927,	that I last saw the deceased
alive an Flk/2, 199	, and that death	accurred as :20f	M, fram the causes an	d an the date stated above
coama &	/		ADDRESS (Street, city ar tawn,	stale) DATE SIGNE
ACTUAL SIGNATURE	ne	M.D. E.	Main St.	Fell/3
	190 - R			100-0
PHYSICIAN'S W. O. McLane	, M. D.	Fr	ostburg, Md.	197
22a. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, tawn,	or county) (State)
Burial Feb. 14 50	Fibe. Mem	orial Park	Frostburg	z. Md.
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			STRAR'S SIGNATURE
J. R. Durst. Fro	stburg, Md.			04
		- Alleria	16 59 00	Lua & Hause

WHITE OF STAFFHIESE CONTRACTOR Circult A Committee of the Committee of gyand the H College Park 1102 Mingle Strain The state of the s de'l was don't TE SE MITTIE onle white Dr cal hard 1886, 21, 1886, 70 Draw . H regal Mored besides her France 1.8.4. Algania and the will be a second of the seco 不知识 经经济证券 医多种性 医皮肤 The state of the s .bH 'Sand -- dag W. C. McLone, M. D. English the till the J. B. Dunata, Ernsteinte, Mc.

uneral director,

M

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

may be retained by the haspital or attending physician.

O FUNERAL DIR

OR: After this certificate has been signed by the attending physician and completely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, ar removal, and in any event within 2 haurs after death.

TO FUNERAL DIR

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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- 5	3	X	L
-4	2.0	1 2	-

CERTIFICATE OF DEATH

			-4	
D	Dist	Na		

1. PLACE OF DEATH o. COUNTY ALLEGANY b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 1. PLACE OF DEATH MARYLAND MARYLAND C. LENGTH OF STAY IN 1b					MARY LAND ALLEGANY							
					116	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	CUMBERLA			7 DAYS		02 0	UMPHI	RLAND				
-	d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospital, giv	e street	oddress)		d. STREET A	DDRESS					RESIDENCE A FARM?
	SACRED RE	ART HOSPITA	I.			BEDE	ORD I	RD.				□ NO □
	NAME OF DECEASED (Type or print)	First MARTHA		Middle VIOLA		WOLFOR		4. DATE OF DEATH	Mon FE	B. 11	Doy	Yeor 19 59
5. S	SEX	6. COLOR OR RACE	- MARR	IED NEVER MARRIED		8. DATE OF BIRTH	1		9. AGE (In years	IF UNDER	1 YEAR IF UP	NDER 24 HRS.
FE	MALE	WHITE V	VIDOWE	DIVORCED		DEC. 4,	1898	3	lost birthdoy) yrs.	Months	Doys Hou	rs Min.
	HOUSEWIH	ing life, even if refired)	ne 10b.	At Home	INDUS	TRY 11. BIRTHPU	W	.VA.	ountry)		ISA	AT COUNTRY?
	HANDS 10	WERY (DECEA	SED)			MAL	INDA	HOU	DYSHELI			
15.		IN U. S. ARMED FORCE		SOCIAL SECURITY NO.	17. It	NFORMANT			Add			
(Tes	NO (If yes, give wor or dates of serv	ice)	NONE		PATIENTS	CHAI	RT				
	Conditions, if or gove rise to in couse (o), stoting to lying couse lost.	he under- DUE TO		Cerebral 1 Hyperten							2/-6	ND DEATH
CERTIFICATION	20a. ACCIDENT WA	S UNDERLYING 20	0 4 0 6	CRIBE HOW INJURY OCC	4	Disea	se.	500	day	'EN IN PART	PER	AS AUTOPSY FORMED?
_		MEDICAL EXAMINER) Month, Day, Year 19	While	NJURY OCCURRED 20	De. PLA foc	CE OF INJURY flory, street, office	tome, form bldg., etc	20f. (City	or town)	(C	ounty)	(State)
	ACTUAL SIGNATURE	CV ilha.		ed fram 2- 57, and that d	eath	A.D.	.:-304.	M, fram	eet, city or town,	and an th	ne date st	DATE SIGNED
	NAME (Type)	lliam P. Tar	nes,	M.D.	DV OF		N. (St. Cu			
,	REMOVAL (Specify) Burial	2/13 /5	59	Zion Mem			k		on (City, town, o			tote)
	FUNERAL DIRECTOR'S		ıber	ADDRESS				BY REGISTE 3 1 6 '59		TRAR'S SIG		

HT ASSESS STADENTED TO Managarin and the statement with the contract of the statement of the stat